

# GORLE CONVENTION



## REGISTRATION MODULE

The undersigned

NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ N° \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PROVINCE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

I request to participate in the 21st edition of the Gorle Convention that will be held on April 13 - 14, 2019 at PALAZZETTO DELLO SPORT DI GORLE (BG) Italy.

I declare to have made the payment of the value of € \_\_\_\_\_ for the days \_\_\_\_\_

Procedure \_\_\_\_\_.

I declare to have made all the visits and necessary medical studies to be able to practice sports, enjoying good health, being able to present if necessary a medical certificate that proves it.

### ACCONSCIOUS

Pursuant to and for the purposes of articles. 13 and 23 of D. L.gs. n. 196/2003, with the subscription of the present module, to the processing of personal data for use only gives part of our ASD Euro Education Italy

\_\_\_\_\_  
PLACE AND DATE

\_\_\_\_\_  
SIGNATURE OF DECLARANT

**PAYMENT THROUGH BANK TRANSFER: ASD Euroeducation Italy Banca Prossima**

**C/C 100000128780 - IBAN: IT82P0335901600100000128780 - SWIF : IBSPITTMU48**