Trophée BAUER des Petits Champions

FORMULAR OF INSCRIPTION

Limite date for sending: December 24th 2016

Send with the payement (payable to the APH) to this address:
Association Promotion Hockey
21 Route de saint Jean – 05000 Gap- FRANCE
Or by mail : contact@aph-hockey.com
Bank Transfer Number FR76 1680 7001 0300 3190 5653 047.
BIC (Bank Identification Code) CCBPFRPPGRE

Only commitments totaly regularised would be be taken into account.
The numbers of the team comit in each category is limited to 32. It is possible to comit 2 teams for one category (in limit of free places).
The inscription cheques will be cash 15 days before the tournament.
We have to be inform of any modifications in the composition of the teams before mars 1st march 2017.

Club: _____
Name of the team :_____Category :_____
Name and first name of the dirigeant :_____
Address :_____
City :_____
Phone number :_____Mobile phone :_____
Name and first name of the coach :_____
Name and first name of the others dirigeants (2 maximum) :_____
_____
E Mail: _____

Name and first name players	Born	Club	Position	License number