

Name :

First name :

Birth date :

Place of birth :

Sex: M F **How old are you :**

cochez la case correspondante

What is your category please

JUNIOR	<input type="checkbox"/>	SENIOR	<input type="checkbox"/>	MASTER 1	<input type="checkbox"/>
MASTER 2	<input type="checkbox"/>	MASTER 3	<input type="checkbox"/>	MASTER 4	<input type="checkbox"/>

check the corresponding box

E-mail address :

Address :

Postal code : City :

N° Tél : N° cellphone :

T-shirt cut : **check the corresponding box** S M L XL

CONTACT PERSON IN CASE OF PROBLEM

NAME <input type="text"/>	First name <input type="text"/>
N° cellphone <input type="text"/>	Email address <input type="text"/>

COMMUNICATION TO THIRD PARTIES

The information gathered is necessary for your registration. They are subject to computer processing and are intended for the office the organization. In application of the article 34 of the law 6 of January 1978, you have the right to access and modify information concerning you. Your details can be sent to partners offering only this type of event. If you do not want it, we ask you to tick the box.

Made in The

Your signature followed by "read and approved"

SIGNATURE

READ AND APPROVED