

Coach: \_\_\_\_\_

No: \_\_\_\_\_

# Registration form

Please complete the form and return it by post or email.

\_\_\_\_\_  
Name\_\_\_\_\_  
First name\_\_\_\_\_  
Postal Code - City\_\_\_\_\_  
Street\_\_\_\_\_  
Date of birth\_\_\_\_\_  
Phone\_\_\_\_\_  
Club\_\_\_\_\_  
Country\_\_\_\_\_  
E-Mail

## Category

Senior  Junior  Novice Pre-Novice  Beginner  Hobby \_\_\_\_\_  
First day of practice\_\_\_\_\_  
Arrival\_\_\_\_\_  
Last day of practice\_\_\_\_\_  
Departure**SPORTSTÄTTEN  
OBERSTDORF**Sportstätten Oberstdorf  
Roßbichlstraße 2-6  
87561 OberstdorfPhone  
E-Mail  
Web08322/700-5006  
eisplanung@oberstdorf-sport.de  
eissportzentrum-oberstdorf.de

**I / We would like to book the following ice sessions:**

Day	Month	Free	Dance	Pairs
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Day	Month	Free	Dance	Pairs
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

I / We take note, that the provided, confirmed and reserved patches/practice times have to be paid before the beginning of training.

A refund for training times, reserved but not taken, is not possible.

I / We obligate the compliance of instructions for the training and the skating order.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Skater**

\_\_\_\_\_ **Signature of Parent/Guardian**

**Total of reserved patches**

**Booked**

Free Skating \_\_\_\_\_

Date \_\_\_\_\_

Dance \_\_\_\_\_

Sign \_\_\_\_\_

Pairs \_\_\_\_\_

Invoice Number \_\_\_\_\_

Total \_\_\_\_\_

**Price:**  
x € \_\_\_\_\_ € \_\_\_\_\_