

Reply Form:

Documentation: Nordic Zentrum Ried



NORDIC ZENTRUM
OBERSTDORF/ALLGÄU

Coach / Mobile Number:

Club/Federation:

Period of Training:

Athletes information:

Name	Surname

With my signature I confirm that I have informed the athletes of my training group about the rules and obligations of the user regulations of the Nordic Centre Oberstdorf. All information on the user regulations can be found at www.nordic-zentrum-oberstdorf.de/sport/.

Place, Date

Signature