

IUTT participation form:

	<input type="checkbox"/> Female team <input type="checkbox"/> Male team
Team name:	
Team captain:	
E-mail:	
Mobile Phone:	
Mobile Phone (2nd person):	
Number of coaches:	
Number of players (min. 7):	
Diet: (for breakfast, dinner)	
Place of staying (name)*: <i>Please choose:</i>	<input type="checkbox"/> I.U.T.T. Camping <input type="checkbox"/> Sports centre <input type="checkbox"/> Somewhere else:
Place of staying (address)**:	
Date of arrival:	

* In case you aren't sleeping at the sports centre during the night, please go to the nr. 10.

** In case you are sleeping at the sports centre during the night leave this field empty