



ENTRY REGISTRATION FORM PTCA WORLD CHAMPIONSHIPS 2014
(Entry Deadline: 1.October)

Surname _____ Prenom _____

Address _____

_____ Post Code _____ State/Country _____

Email _____

Mobile Tel. _____

Date of birth ___/___/____ Day/Month/Year

Herewith I register my entry to the PTCA World Championships 2014 in Seefeld/Tyrol:

I would like to enter the: (please sign your choice of division):

Men

- Singles Open
- Singles +45
- Doubles Open, Partner:
- Doubles +45, Partner:

Women

- Singles Open
- Singles +45
- Doubles Open, Partner:
- Doubles +45, Partner:

Mixed Doubles

- Open, Partner:
- +45, Partner:

All participants are reminded that neither the Organizing Committee nor the technical -organizer PTCA / GroupEstess a.s.b.l. are liable for any losses, accidents or damage done to persons or private -property. Participants and accompanying persons are requested to make their own arrangements in respect of health and travel insurance.

I confirm that all information provided by me in this PTCA entry form is true and correct and that I am aware of the insurance issue described above.

I am also aware of that this is a binding commitment of registration.

Cancellations received before 1st of October 2014: the payment will be refunded after the congress, less 30% of the amount paid.

Cancellations received after 1st of October 2014: no refund will be provided.

Date: _____

Signature: _____

(please print full name): _____

Please mail your entry to: Johannes.schullern@estess.eu before 1. October 2014

Payment has to be made before 1st of October 2014 to the following account:

Team TCSS Seefeld, Raiffeisenbank Seefeld IBAN: AT77 3631 4003 0040 0580 BIC: RZTIAT22314