



INVICTUS Úszó és Vízilabda SC Kft.

• Cím: 5000 Szolnok – HU Boldog Sándor István krt. 4. 16/22-24. • Telefon: +36-70-3789343 • E-mail: info@invictussc.hu • Web: www.invictussc.hu • Adószám: 25486003216 • Bank sz. sz.: 10300002-10656434-49020019

Application form

Sportclub's name: _____

Billing adress: _____

Post adress: (if it's different): _____

Tax number: _____

Contact person: _____ E-mail/phone number: _____

Team name: _____

Team name: _____

Age Range: _____

Age Range: _____

Leader coach: _____

Leader coach: _____

Phone number: _____

Phone number: _____

Team name: _____

Team name: _____

Age Range: _____

Age Range: _____

Leader coach: _____

Leader coach: _____

Phone number: _____

Phone number: _____

For Masters, each participant plays at his own risk on the matches and assumes any resulting risk.

At UP teams, the association confirms by signing the Application Form that the players involved are certified players and have a valid medical certificate. The team list must be submitted at the Technical Meeting.

Chosen accomodation: Youth Hotel 25 €/person/night Hotel 3* 45 €/person/night
Hotel 4* 65 €/person/night

Arrival: 2019. _____ . _____ . _____

Number of arriving person: _____ athlete,
_____ attendant

Getaway: 2019. _____ . _____ . _____

Other request(s) (food allergy, special nutrition): _____

_____, 2018. _____ . _____ . _____

Fulfilled by Invictus SC:

_____ person x _____ night x _____ € = _____ (preliminary calculation)

I confirm and approve the entry:

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