



FITAV SUMMER CAMPS 2018

TAV UMBRIEVERDE – UMBRIEVERDE *sportingresort* MASSA MARTANA (ITALY)

PRE-REGISTRATION FORM	Registration deadline	to Fitav Summer Camps
Please fill out and sign this Form and send it to Fitav Summer Camps	30 JUNE 18	Fitav Summer Camps e-mail : info@fitavsummercamps.com; fitavsummercamps@gmail.com

APPLICANT'S INFORMATION	
Family name	First name
Country	Nationality
Birth date	Birth place
Residential address	
Shooting ability level*	beginners <input type="checkbox"/> intermediate <input type="checkbox"/> advanced <input type="checkbox"/>
Italian Language Knowledge	low <input type="checkbox"/> good <input type="checkbox"/> excellent <input type="checkbox"/>
English Language Knowledge	low <input type="checkbox"/> good <input type="checkbox"/> excellent <input type="checkbox"/>
Size for Summer Camps Kit	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> X-L <input type="checkbox"/> X-L <input type="checkbox"/> XX-L <input type="checkbox"/>
Discipline	Trap <input type="checkbox"/> Double Trap <input type="checkbox"/> Skeet <input type="checkbox"/>
Future Coach Training Program	
* to be paid a part from inscription (€ 300)	yes <input type="checkbox"/> no <input type="checkbox"/>
Family in Shooting package	
* to be paid a part from inscription	yes <input type="checkbox"/> no <input type="checkbox"/>
Fitav membership:	
*Fitav membership is required and must be paid a part from inscription (€ 50)	yes <input type="checkbox"/> no <input type="checkbox"/>
Transfer required from/to Roma Fiumicino Airport	yes <input type="checkbox"/> no <input type="checkbox"/>
* to be paid a part from inscription	

* beginners : shooters who have just started this discipline; Intermediate: Shooters participating at regional and/or national competitions; Advanced: Shooters participating at international competitions.

PARENT INFORMATION*	
Family name	First name
Country	Nationality
Birth date	Birth place
Residential adress	Tax code
Phone number	@ e-mail

PLEASE ATTACH A COPY OF A VALID ID. DOCUMENT

**fill out only for underage student

EXPRESS THE PREFERENCE OF PARTICIPATION PERIOD*	
1 st 8th - 15th August 2018 <input type="checkbox"/>	2 nd 15th - 22nd August 2018 <input type="checkbox"/>
3 rd 8th - 22nd August 2018 <input type="checkbox"/>	

*this is only a preference because the groups will organized in reference at to shooting ability level

Date

* Signature

The payment must be sent with bank transfer entrusted to: ASD Leandro Recinella

IBAN : IT 90 B 07086 77020 000000010035

SWIFT CODE: ICRAITRRU60

* Students under age need the signature of their parents