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| nuovo logo FBM international.png | **REGISTRATION FORM**  **34° FRANCO BASCHIROTTO MEMORIAL INTERNATIONAL 2025**  **Castello di Porpetto (UD) Italy**  **11 - 13 July 2025**  **ORGANISED BY NATISONE KAYAK CLUB Manzano & KAYAK FIUME CORNO Castello** |

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| **TEAM INFORMATION** | | | | | | | | |
| **TEAM NAME:**  nome SQUADRA: | | |  | | | | | |
| **PERSON RESPONSABLE:**  persona RESPONSABILE: | | |  | | | | | |
| **CONTACT PHONE NUMBER:**  numero CONTATTO: | | |  | | | | | |
| **E-MAIL:**  indirizzo e-mail: | | |  | | | | | |
| **PLAYING DIVISION:**  mark with ‘X’ in the chosen division  segnare il divisione scelta con un ‘X’ | | | **Division I**  **Elite, FBM Trophy** | | | **Division II**  **Recreational** | | |
| **Division III**  **Ladies, Minin Cup Trophy** | | | **Division IV**  **U18 Juniors** | | |
| **ATHLETES INFORMATION (fill in date of birth only for U15 Division V athletes)\*** | | | | | | | | |
| **No.** | **VEST #** | **FIRST NAME** | | | **LAST NAME** | | | **\*DATE OF BIRTH** |
| **1** |  |  | | |  | | |  |
| **2** |  |  | | |  | | |  |
| **3** |  |  | | |  | | |  |
| **4** |  |  | | |  | | |  |
| **5** |  |  | | |  | | |  |
| **6** |  |  | | |  | | |  |
| **7** |  |  | | |  | | |  |
| **8** |  |  | | |  | | |  |
| **9** |  |  | | |  | | |  |
| **10** |  |  | | |  | | |  |
| **REFEREES** | | | | | | | | |
|  | **FIRST NAME** | | | **LAST NAME** | | | **NATIONAL REFEREE LEVEL** | |
| **1ST** |  | | |  | | |  | |
| **2ND** |  | | |  | | |  | |
| **PLUS THREE PEOPLE FROM YOUR CLUB FOR TABLE PROTOCOL DUTIES**  **(CHRONOMETER TIME-KEEPER**/**SHOT-CLOCK TIME-KEEPER**/**SCORECARD OFFICIAL)** | | | | | | | | |
| N.B. If unable to provide the two referees a compensation fee of € 100 has to paid in advance together with the registration to cover costs of providing alternative game officials. | | | | | | | | |
| **REGISTRATION FEE**: € 120 for each team in all divisions  Payment is to be made to:  A.S.D. KAYAK FIUME CORNO  IBAN IT 90 R 07085 63890 006210025822  BIC CODE CCRTIT2TK00  Please specify on payment receipt the name of your team(s) and playing division(s).  Proof of payment fees and the return of the form must be sent back within 30th June 2025 to [fbm.challengetrophy@gmail.com](mailto:fbm.challengetrophy@gmail.com) to guarantee your participation in the Tournament.  Thank you. | | | | | | | | |