



CHLPV: CLUB HIVERSPORT LUXEMBOURG PATINAGE DE VITESSE

Registration form

Trial date :

	SKATER	Parent or Representative (for skaters under 18)
Name		
First name		
Gender	M <input type="radio"/> F <input type="radio"/>	
Date of birth		
Place of birth		
Social security card No.		
Nationality		
Street and No.		
Postal code		
City		
E-mail		
Tel.		
Mobile		

I, the undersigned:

.....
(Parent or Representative for minor skaters)

declares to have read the rules and regulations of the CHLPV and accepts their content.

Kockelscheuer, the

Signature