San Marino Basketball Cup 2008 (30 June – 5 July)

REGISTRATION FORM

TEAMS INFORMATION

Name Club / Team:		**Name Contact Person:**	
Address (street & no.):		**ZIP:**	
City / Town:		**State / Country:**	
Telephone (daytime):		**Telephone (evening):**	
Telephone (mobile):		**Fax number:**	
E-mail address (1):		**E-mail address (2):**	

General Information

Arrival date: day /month /year ...../...../.....

Departure date: day/ month/ year ...../...../.....

Arrival – where? which airport or train station? .....

Departure – where? which airport or train station? .....

We airport need transfers from: .....

We will use the tournament shuttle bus: YES / NO

N° of participants:
Players..... Coaches/Parents.....

Age Groups: choose your group

A – Boys Under 21
B – Boys Under 19
C – Boys Under 17
D – Boys Under 15
E – Boys Under 14
F – Boys Under 13
G – Girls Under 21
H – Girls Under 19
I – Girls Under 17
J – Girls Under 15
K – Girls Under 14
L – Girls Under 13

Payment (by bank transfer to):
To: Dream Team Italy Srl
Bank: Banca Popolare di Sondrio
Address: Agency Como 2
Bank account: 22027 / 31
SWIFT: POSO IT 22
IBAN: IT 72 PO 56 9610 9020 0002 2027 X 31

Accommodation Choice:

2) Hotel** stars		**3)** Hotel *** stars		**4)** Hotel**** stars	

Bed & Breakfast..... Or Half Board.....	N° TRIPLE ROOMS: N° DOUBLE ROOMS: N° SINGLE ROOMS:	**Nigths: ___**

Do you also want lunches? Yes/ No N° ..... Which days .....

Name in capital letter .....

Signature .....

Pls. Send the Registration Form to: raffaella@sanmarinobasketballcup.com or by fax to 0039.031.201878

Dream Team Italy Sports Tour Operator
via Brianza 6, 22030 Montorfano – Como - Italy
Tel. +39.031.200943 - Fax. +39.031.201878
web: www.sanmarinobasketballcup.com