



Low-Point Tournament

28 - 30 October 2016 Swiss Paraplegic Centre - Nottwil

First entry form

I hereby declare that our team will take part at the Tournament.

Team Name: _____

Contact person: _____

Address: _____

City: _____

Country: _____

Phone: _____

Email: _____

Team will have approximately _____ Player _____ Staff

We will travel by car by bus by plane other

Remarks:

.....
.....
.....

Date & signature

.....

Patronat



Schweizer
Paraplegiker-Vereinigung
Rollstuhlsport Schweiz

