



# SWISS WHEELCHAIR - RUGBY

## LOW POINT TOURNAMENT 2017

6-8 OCTOBER 2017 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:

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.....  
.....

Date & signature

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*Patronat*

