E n t r y F o r m

 Camp Blansko 2020

Skater / Coach / Chaperon \*

Name and Surname ...............................................................................

Address..................................................................................................

Date of Birth...........................................................................................

Parent, contact ....................................................................

Category (season 2020/21)....................................................................

Name of the coach at Camp Blansko.......................................................

Order for:

* Practice\*
* Accommodation with full board at the ice rink \*
* Accommodation at the ice rink \*
* Breakfast at the ice rink restaurant \*
* Lunch at the ice rink reastaurant \*
* Dinner at the ice rink restaurant \*
* Without accommodation and board \*

Every participant must have a health insurance valid for the Czech Republic.

The camp organizer is not responsible for any potential injuries, losses and/or damages.

All participants take part in the camp at their own risk.

Date.............................. Signature.................................................

Cross off not applicable \*