



## BASKETBALL CAMP KARTEPE 2020 REGISTRY FORM

05-13 July 2020

650 USD

Registration period:

13 - 17 July 2020 (in i i ual e elopment camp)

325 USD

NAME : \_\_\_\_\_ SURNAME : \_\_\_\_\_

BIRTH PLACE: \_\_\_\_\_ BIRTHDAY(D/M/Y): / /

NATIONALITY: \_\_\_\_\_ ID NUMBER: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ GENDER: \_\_\_\_\_ BLOOD TYPE:

MOBILE TEL NUMBER: + ( ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_@\_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY - COUNTRY: \_\_\_\_\_

BASKETBALL CAREER: \_\_\_\_\_

MOTHERS' NAME: \_\_\_\_\_ FATHERS NAME: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOBILE TEL: \_\_\_\_\_ MOBILE TEL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_@\_\_\_\_\_ E-MAIL: \_\_\_\_\_@\_\_\_\_\_

**Doctor's report stating that there's no harm in sports. It can be taken from his own private physician.**

SWIMMING LEVEL:

THE CONDITIONS WE NEED TO KNOW: (ALLERGY etc.)

ANY MEDICATIONS SHOULD USE?

Name and Signature of Participant (or guardian if Participant is under 18): \_\_\_\_\_

**SIGN&DATE:**

TRANSPORTATION INFORMATION:

With own possibilities

FLIGHT DETAILS: DEP. CITY/DATE AND TIME:

FLIGHT NUMBER:

ARRIVAL DATE AND TIME:

ARRIVAL AIRPORT:

SABIHA GOKCEN AIRPORT (SAW)

ISTANBUL AIRPORT (ISL)

### BILLING INFORMATION

#### PAYMENT INFO

BANK TRANSFER

C.CARD MAIL ORDER

NAME : \_\_\_\_\_ ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTRY \_\_\_\_\_

**After filling out the form please send mail to [nbacamp@beyazgolge.org](mailto:nbacamp@beyazgolge.org)**

**Beyaz Gölge Eğitim Sağlık Spor Organizasyonları Tanıtım Ticaret AŞ.**

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