



INTERNATIONAL WHEELCHAIR CURLING TOURNAMENT 3RD GIANANDREA GALLINATTO MEMORIAL REGISTRATION FORM

Curling Club Name			
Country:			
City:			
Surname and Name	Gender (M/F)	Wheelchair (Yes/No)	Role (Athlete/Coach)
Team contact			
First name:			
Surname:			
Phone:			
Email:			
Invoice (delete Y/N as required)	YES	NO	
Invoice needed:			
Invoice address:			
Other (delete Y/N as required)	YES	NO	
Shuttel service			
Date of arrival to Pinerolo			
Date of departure from Pinerolo			
Additional ticket for Saturday dinner			

