

Family 80 €

Adult 50€

Student 30 €

New Member (for family father or mother)

Gender M/F/X		Date of birth (dd/mm/yyyy)	
First name			
Name			
N°, street			
ZIP code			
City, Country			
Tel	Country code	Number	
Mobile			
Email			

Children

1	Gender M/F/X		Date of birth (dd/mm/yyyy)	
	First name			
	Name			
2	Gender M/F/X		Date of birth (dd/mm/yyyy)	
	First name			
	Name			
3	Gender M/F/X		Date of birth (dd/mm/yyyy)	
	First name			
	Name			
4	Gender M/F/X		Date of birth (dd/mm/yyyy)	
	First name			
	Name			
5	Gender M/F/X		Date of birth (dd/mm/yyyy)	
	First name			
	Name			

Date & signature

