



FEDERATION
OF INTERNATIONAL
TOUCH



Level 1 Coaching Workshop 2010: Barcelona

Participant Registration Form

(To be completed by all Course Participants and

returned to Course Coordinator – Antoni Marín Muntaner at info@touchrugby.cat)

Name: _____ Age: _____

Address: _____

Phone (Landline): _____ Mobile: _____

Email: _____

Association / Club: _____ Country: _____

Brief Sport History (last 5 years): _____

Why do you want to be a coach? _____

Occupation: _____ Age: _____

Payment Details

Bank Transfer:

Bank Transfer Details:

Associació Catalana de Touch

BANK: Caixa d'Enginyers

OFFICE ADR: Torrent de l'Olla, 9

BANK ACCOUNT: 3025-0002-46-1433307838

IBAN: ES51 3025 0002 4614 3330 7838

SWIFT/BIC: CDENESBB

Coordinator / Office Use:

Date Registration received: _____ Date Payment received: _____

Date Resources dispatched: _____ Course Coordinator Initials: _____