



14th TORNEO DELL'AMICIZIA
Memorial Enrico De Faveri
September 16th -17th 2023



Team Info

Name _____ Web site _____
Address _____ Phone _____
City _____ Email _____
Country _____

Manager Info

Name _____ Phone _____
Surname _____ Email _____

Board and lodging

Check-in _____ Check-out _____
Total persons Total Quota
Of which: Players
Female
Coach
Female Male
Manager
Female Male
Guests (friends, parents, supporters, etc.)
Female Male
Special requests for lodging _____

Moving to gyms and restaurants

Please select:

With our bus

Please provide transportation
for the entire event (€ 15,00 per team member)

For proper organization of the event, please kindly fill this form and send it to segreteria@volleypiave.it,
with the bank receipt of registration quotas payment, **including the amount due for any overnight stays
and for transportation, if requested.**

IBAN

IT 90L 07084 61670 000000801126

Banca della Marca

Date _____

Signature _____