# INTENTION TO PARTICIPATE FORM

**Deadline: 31th of November, 2016**

|  |  |
| --- | --- |
| **Country:** | **11th International CP Football Trophy** |
| Contact Person | |
| Organization | |
| Address | |
| E-mail: | |
| Phone: | |

Please complete the form below with the number of people who would attend to the 12th City of Barcelona CP Football International Trophy

|  |  |  |  |
| --- | --- | --- | --- |
| Football | Male | Female | Total of Participants |
| Players |  |  |
| Staff |  |  |
| Total |  |  |  |

**Entry fee 500€ to be paid before 31th of November, 2016**

**BANK DETAILS:**

**NAME:** Federació Esportiva Catalana Paralítics Cerebrals

**IBAN NUMBER:** ES9821000593380200128644

**BIC (Swift):** CAIXESBBXXX

**BANK ADDRESS:** Passeig Maragall, 328 (08031) Barcelona

\*\* Bank transfer will only be accepted in Euros, all the costs of the bank transfer shall be borne by the sender

\*\* Please write the name of the team and sport on the details of the transfer: Ex. Futbol - (Country)