

# 10th International Trophy CP Football

Barcelona, June 4th-7th, 2015

Intention to participate 2015



**DEADLINE:** 20th of February, 2015

Country:	10th International Trophy CP Football
Contact Person:	
Organisation:	
Address:	
e-mail:	
Phone:	Fax:

Please complete the form below with the number of people your Organization would like to enter in the 9th International Football 7 a side competition.

FOOTBALL	MALE	FEMALE	Total Participants
Athletes			
Staff			
Total			

Entry fee 500€ to be paid before 20th of February, 2015

**BANK DETAILS:**

**NAME:** Federacio Esportiva Catalana Paralitics 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)