



**REGISTRATION FORM**

**I. HUNGARIAN MIXED DOUBLES  
CURLING CUP**

*23.11.2007 - 25.11.2007 in Budapest, Kamaraerdő*

Herewith we bindingly register the following mixed doubles for the  
I. Hungarian Mixed Doubles Curling Cup

**Name of the team:** \_\_\_\_\_

**Country:** \_\_\_\_\_

Name of the players:

Woman: \_\_\_\_\_

Man: \_\_\_\_\_

Alternate: \_\_\_\_\_

**Address:**

Name, First Name: \_\_\_\_\_

Street: \_\_\_\_\_

Postal code, City: \_\_\_\_\_ Email: \_\_\_\_\_

Telefon: \_\_\_\_\_ Fax: \_\_\_\_\_

Date, City, Signature: \_\_\_\_\_

Dead line of the registration **25. September 2007** .