

Please fill in properly and mail it to [tournoi5ballons@gmail.com](mailto:tournoi5ballons@gmail.com)

### UNIVERSITY DATA

University's name:

Address:

Zip Code (Postal Code):

Sports Association's phone number:

Sports Association's fax number:

E-mail address:

(Please do not forget to give the country code and the regional code)

### PERSON TO CONTACT

Last name:

First name:

Function:

Personal phone number:

Office phone number:

Personal e-mail address:

### TEAMS REGISTERED

(3 teams maximum)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Male Basketball | <input type="checkbox"/> Male Football   | <input type="checkbox"/> Male Handball     |
| <input type="checkbox"/> Male Rugby      | <input type="checkbox"/> Male Volleyball | <input type="checkbox"/> Female Basketball |
| <input type="checkbox"/> Female Football | <input type="checkbox"/> Female Handball | <input type="checkbox"/> Female Volleyball |