



## LIMONE BASKETBALL CAMP REGISTRATION FORM

To send by e-mail at: [contact@rivierabasket.com](mailto:contact@rivierabasket.com) with:

- Medicine certificate for practicing basketball
- Conformation of total or pre-payment (50%)\*

*After reception of these documents, you will receive a confirmation by e-mail*

First name: ..... Last name: .....

Date of Birth: ..... Size: ..... Gender: ...☐ M... ☐ F...

I want to stay in the same room of my friend(s) .....

.....

### PRICES

☐ **Classic F1** (Full board) - 690 Euros

☐ **Classic F2** (Daily camp) - 440 Euros

☐ **ELIT F1** (Full board) - 755 Euros

☐ **ELIT F2** (Daily camp) - 490 Euros

☐ **Workout option** - 150 Euros

### DATES

☐ **From 23 to 29 June 2024**

☐ **From 14 to 20 July 2024**

☐ **From 30 June to 06 July 2024**

☐ **From 21 to 27 July 2024**

☐ **From 07 to 13 July 2024**

### PAYMENT

#### I pay:

☐ The total payment..... Euros

☐ The pre-payment (50%)..... Euros

☐ Workout option .....150..... Euros

☐ The night between two camps....110..... Euros

TOTAL: ..... Euros

### IBAN/RIB

**CREDIT AGRICOLE PROVENCE COTE D AZUR C.A.**

**ASSOCIATION RIVIERA BASKETBALL ACADEMY**

**IBAN FR76 1910 6006 4943 6393 7187 625**

**Code BIC (Bank identification code) - code SWIFTAGRIFRPP891**

## PARENTAL AUTHORIZATION

Me, .....,  
legal representative of .....,

- Certify to have read the general conditions and accept them;
- Agree for medical intervention if it's necessary after doctor advices;
- Agree to reimburse all medical cost for my child;
- Agree that my child can be returned if his behaviour disturbs the camp;
- Accept that my child appears on the association's promotional photos and videos.

Place: ..... Date: .....

Signature:

## HOURS OF THE CAMP

**Beginning of the camp:** Sunday at **15:00** Hotel la PIAZZETTA - *Via Roma, 38-12015 Limone Piemonte, Italie*

**17:30:** Information meeting at Palazzetto - *Regione Rivolta, 18, Limone Piemonte, Italie*

**End of the camp:** Saturday at 12.00. Parents are invited to watch the last morning of the camp from **9:30** at Palazzetto - *Regione Rivolta, 18, Limone Piemonte, Italie*

☐ **I would like to receive transfer service information**

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*\*Balance to be paid no later than 30 days before the start of the camp.  
For all registrations within 30 days of departure, enclose the full payment.*

