Binding registration

PingPongParkinson Mentoring Program

GOOL2025

Please send via Mail

Stefan Ganse
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1. personal details

Firstname, Surame * _____

Street, No.. _____

ZIP, City. * _____

Date of birth _____

E-Mail * _____

Tel./Mobil * _____

2. language skills

	fluent	basic knowledge		fluent	basic knowledge
German:	( )	( )	_____	( )	( )
English	( )	( )	_____	( )	( )
French	( )	( )	_____	( )	( )

3. playerinforation

Last participation GO _____ Diagnosis since: _____

I am available as a mentor for GOOL2025 and agree that my personal data may be stored and processed as part of the tournament planning and implementation and that the marked (*) data may be passed on to third parties (the protégés) as part of the mentoring program for GOOL2025 (Federal Data Protection Act).

_____

Place, date, signature

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