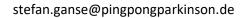


## Registration

PingPongParkinson Mentoring Programm GOOL2025

Send via e-Mail





1. <u>Personal</u>	l details				`	
Firstname, S	urame *					
Street, No						
ZIP, City. *						
Country *						
Date of birth	1					
E-Mail *						
Tel./Mobil	*					
2. language	e skills					
	fluent	basic knowledge		fluent	basic knowledge	
German:	( )	( )		( )	( )	
English	( )	( )		( )	( )	
French	( )	( )		( )	( )	
( ) Arrival a	the game	ed for: * re ( ) Accommodation ( ) Public transport	( ) Supporting program			
may be store marked (*) d	to use the Ged and prod lata may be	GOOL2025 mentoring processed as part of the tour e passed on to third parti Protection Act).	rnament planning and im	plemen	tation and that the	

Place, date, signature

PingPongParkinson Deutschland e. V. Barbarastr. 15 48529 Norhorn https://go.pingpongparkinson.de Contact: Stefan Ganse Tel: +49 170 73 45 852

Mail: <u>Stefan.Ganse@pingpongparkinson.de</u> <u>https://www.diagnose-parkinson.team</u>