

# REGISTER FORM OF BTT TENNIS ACADEMY

Name

Surname

Address

Date of birthday

Telephone number

Mobile

Email address

Sex

Female

Male

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Passport number

Nacionality

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IPIN number

Password

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Arrival date

Departure date

Transport from the airport

Yes

No

Flight number

Boarding city

Terminal Number (Barcelona)

Accommodation

Family

Aparthotel

Others

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You have insurance

Yes

No

You want the BTT insurance

Yes

No

Allergies / Other diseases

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I authorize my son / daughter to participate in tournaments or activities that require transport and exonerate the direction of BTT Academy and its staff of any incidents that may occur during the celebration of such activities.

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Please send it by mail to [info@bttacademy.com](mailto:info@bttacademy.com) or fax : +34 93 544 26 29