

Registration Form

School Details:

Name of school: _____

Class teacher/ Contact member: _____

School Address:

Street/ Number : _____

Post Code: _____ City: _____

Telephone: _____ Fax: _____

Mobile telephone (optional): _____

E-Mail Address: _____

Information about the "City Games":

Date: _____ Time: _____

Theme/ Name of City Game: _____

Num. of participants/: 1 Class 2 Classes 3 Classes _____

___ Pupils per class Age: _____

___ Pupils per class Age: _____

Total number of participants: _____ Pupils

How many teachers and assistants will be there?

_____ Teachers _____ Assistants

(please tick the appropriate boxes above)

City, Date, Signature, Stamp (optional)