

Registration Form VI POLISH INTERNATIONAL FLORISTS CHAMPIONSHIP
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Please send the filled form to the given postal address or e-mail:
 SITO, 61-776 Poznań, Wieniawskiego 5/9, sito@sito.poznan.pl

Date of competitor:		
First name:		
Family name:		
Date of birth:		
	Male:	Female:
Address:		
Telephone:		
Fax:		
Mobile:		
e-mail*		
Date of assistant:		
First name:		
Family name:		
Date of birth:		
	Male:	Female:
Address:		
Telephone:		
Fax:		
Mobile:		
e-mail		
Language(s):		
		*For sake of speedy communication competitors are requested to mention a regularly used e-mail address of themselves or someone else capable of passing on all information at all times.
Date, sign of competitor:		