

Personal Data | Please write legibly

University:	<input type="checkbox"/> Student Matriculation no:	<input type="checkbox"/> Employee Work phone no:	<input type="checkbox"/> Guest
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Surname: First Name:

Street: Postal Code/City:

Date of Birth: ____ . ____ . ____ Telephone:

Email: SportCampusCard:

IBAN: _____

Bank: BIC: _____

Account holder (if different):

<input type="checkbox"/> Day Ticket <input type="checkbox"/> 10 Day Tickets <input type="checkbox"/> Day Ticket Child <input type="checkbox"/> 10 Day Tickets Child <input type="checkbox"/> Family Card	<input type="checkbox"/> Happy Hour Day Ticket <input type="checkbox"/> Happy Hour 10 Day Tickets <input type="checkbox"/> Monthly Pass <input type="checkbox"/> 6 Months Pass <input type="checkbox"/> 12 Months Pass	<input type="checkbox"/> Rope <input type="checkbox"/> Harness <input type="checkbox"/> Climbing Shoes <input type="checkbox"/> Belay/Ascend <input type="checkbox"/> Chalk Ball
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For Family and Cards and Day Tickets (Child) only:			
Adult:	Surname:	First Name:	
Children:	Surname:	First Name:	
	Surname:	First Name:	
	Surname:	First Name:	

To be filled in by members of staff

Information entered by: <small>Date and Signature</small>	Checked by: <small>Date and Signature</small>
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The registration is based on the "Benutzungsordnung" (Regulations of the use) of the University Sports Department and KletterCAMPUS, which I hereby acknowledge and accept. I express my agreement that the amount due will be withdrawn from the account identified above. I have taken note of the guide for avoiding sport accidents. I agree to receive short general information from the Zentrum für Hochschulsport via email (Please scratch out sentences which do not apply).

Date ____ . ____ . ____

Signature: