

University: Basisangebot: <input type="checkbox"/>	<input type="checkbox"/> Student Matriculation-No.: <input type="checkbox"/>	<input type="checkbox"/> Employee Buisness Phone: <input type="checkbox"/>	<input type="checkbox"/> Guest €
Semesterkarte: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course-No.:		
SportCampusCard-No.:		

Data entered by (fill in by staff): _____ Date / Signature	Data proved (fill in by staff): _____ Date / Signature
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Last name: First name:

Street: Room-No.:

Post Code: _ _ _ _ _ Place:

Date of Birth: _ . _ . _ _ _ _ Phone: _ _ _ _ _ _ _ _ _ _

E-Mail:

IBAN: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

BIC: _ _ _ _ _ _ _ _

Bank:

Account holder : (if different):
Name of Account holder and signature

I accept the usage regulation of ZfH. I noted the "Guidelines for the prevention of sports injuries". I agree to receive emails about general information two times per semester (please scratch out sentences which do not apply).

Date: _ _ _ _ _ Signature: