



DFV DISC DEVILS TWENTE

ENTRANCE FORM ADULTS

Last name _____

Full name _____

First name _____

Street + house number _____

Zip code + city _____

Phone number _____

E-mail address _____

Date of Birth _____ Gender male
 female

Bank account IBAN _____

Membership Adults

Yes, I accept the terms of the membership as stated in the regulations of DFV Disc Devils Twente.

Yes, I accept the fact that my personal information as mentioned above will be (partly) registered in the administration of DFV Disc Devils Twente, the NFB (Dutch Frisbee Association) and other administrations when I participate in competitions and/or tournaments.

I ***do / don't** authorise DFV Disc Devils Twente to cash in the annual membership fee in two semiannual terms of my bank account.

City _____ Date _____ Signature _____

I ***do / don't** grant permission for the use of pictures and film clips with or without mentioning my name on the website, social media and written media for promotional purposes of DFV Disc Devils Twente and her activities.

City

Date

Signature

* Delete what is not applicable.