

LE PLAISIR DU MOUVEMENT. ♣

Tél. - mail : plaisirdumouvement@orange.fr web : lpm-rugby.org

APPLICATION NOTICE

You wish to be registered on the RUGBY training courses and we thank you for your trust.

To definitively take into account your application Could you please return the following documents, as soon as possible:

- **The duly filled datasheet.**
- Photocopy of the Health insurance card or the certificate of the legal guardian's social-security card.
- Photocopy of your private insurance medical card.
- Medical Practitioner's stamp on the datasheet.
- **A deposit cheque for 150 Euro, made payable to L.P.M.**
- Photocopy of the swimming Certificate or a document from the parents, giving evidence that the child is able to swim.

ADDRESS TO RETURN THE FILE TO :

**Le Plaisir du Mouvement
20, rue Gabriel O'BYRNE
81800 RABASTENS**

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1 – GROWN-UP DATASHEET

NAME : **FIRST NAME :**

Date of birth : **Place of birth :**

Club : **Cut :** **Size :**

Administrative information

E-Mail Adresse :

Usual Adresse :

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Téléphones : place of résidence: **Mobile** **Office**

WEEK CHOSEN (*mark your choice*)

1. From Sunday, Julyrd till Saturday Julyth

2. From Sunday, till Saturday, July th

Signature