



Application

Please fill out in printed script

NAME: _____ M / F

ADDRESS: _____

ZIP CODE: _____ RESIDENCE: _____

PHONE: _____

EMAIL: _____

DATE OF BIRTH: _____

I want to play competition: Yes No, only training

I have played competition before: Yes No

I can play competition the complete year: Yes No, until: _____

I'm interested in training a team: Yes No

I'm interested in coaching a team: Yes No

Why did you choose Leevoc? _____

*By signing this form, I declare to agree the rules and regulations which can be found on www.leevoc.nl
Termination of membership can only be send by e-mail or letter to the secretariat. After termination of membership, regardless of the reason, you have to pay the contribution of the current month and the following month. When termination of membership is after 31 March of the current year, you have to pay till july 31. The volleyball season runs from August 1 until July 31.*

Date:

Signature:



Payment of contribution and license to play

Please fill out in printed script

The undersigned hereby authorizes volleyball club Leevoc to collect the contribution of his/her bank account (BIC) every month and once a year the license to play:

IBAN (BIC): _____

IN WHO'S NAME: _____

DATE: _____

PLACE: _____

SIGNATURE: _____

** You can find the amount of the current contribution and license on www.leevoc.nl. The license to play only applies if you play competition. After January 1 you pay half of the license.*

There is a discount for students. The first six months you get €3,50 discount every month. After six months you get €1 discount every month. Only valid with a copy of your original studentcard.

I'm a student and I'd like to take advantage of discount.
(Please attach a copy of your studentcard)