



BOOTCAMP LINDBERG

12-15 September 2024, Höllviksnäs, Sweden

Personal Information:

Full Name: _____

Date of Birth: _____

Address: _____ City: _____ ZIP Code: _____

E-mail: _____ Phone: _____

Room standard I wish to reserve:

Hotel standard: 1-bed room 2-bed room 3-bed room

Hostel standard: 1-bed room 2-bed room

I want to share room with: _____

I want to participate without overnight stay:

Training sessions I would like to join:

Friday: Session I Session II Session III

Saturday: Session I Session II Session III

Sunday: Session I Session II

Other information:

Allergies: _____

I will arrive before 19.00 on Thursday. I will arrive after 19.00 on Thursday.

I am new to boxing and would like an introduction.

I am aware of that I participate at my own risk and that I am responsible for being insured in case of injury or illness.

I am aware of that my registration is only valid after fully payment.

I am aware of that the registration is binding. If I cancel before 04.08.2024 I will be refunded everything BUT the registration fee (215 Euro/2500 Sek).
If I cancel after 04.08 2024 I won't get a refund.

Date: _____ Signature: _____

Please fill out this registration form and email it to:
info@marialindberg.se