



VOETBALVERENIGING SCHARN

Postbus 4298 - 6202 WC Maastricht ☎ 043 - 3622210
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REGISTRATION FORM

PLEASE FILL IN CAPITALS

First name*:	<input type="text"/>	Initials*:	<input type="text"/>
Insertion:	<input type="text"/>	Surname*:	<input type="text"/>
Address*:	<input type="text"/>	Postal code*:	<input type="text"/>
Place of residence*:	<input type="text"/>	Country:	<input type="text"/>
Nationality*:	<input type="text"/>	Place of birth*:	<input type="text"/>
Phone number:	<input type="text"/>		
Mobile number:	<input type="text"/>	Hide data?	Yes / No**
E-mail address:	<input type="text"/>		
Gender:	Male / Female**	Date of birth*:	<input type="text"/>

- Are you an entrepreneur**? Yes / No

- If yes, do you agree to be contacted by vv Scharn for any options for sponsoring **? Yes / No

- What voluntary tasks do you want to fulfill?

- | | | |
|--|---|--|
| <input type="checkbox"/> Bar attendant | <input type="checkbox"/> Youth leader / trainer | <input type="checkbox"/> (Assistant) referee |
| <input type="checkbox"/> General coordinator | <input type="checkbox"/> Supplies management | <input type="checkbox"/> Other |

* Requested data is mandatory.

** Strikethrough what is not applicable; In case data is hidden, these will not be available for all users of the member's registration. Only people within the club which need the data for functional purposes will have access (e.g. the treasurer, the team assistant and the member's registration) in case this is strictly necessary.

