

Registration Form

PLEASE USE CAPITAL LETTERS

First name: _____

Surname: _____

Complete postal address: _____

Nationality: _____

Email: _____

Tel.: _____

Date of birth (day/month/year) _____

Gender (please circle) **Female** _____ **Male** _____

I wish to register for (please circle) **2 x 45** **2 x 40** **2 x 30** **2 x 20** **2 x 10**

I have previously completed the HÆRVEJSMARCHEN _____ times

I am part of the following team: _____

Accommodation

Where: ___ Nordre skole ___ Sports Centre

When: ___ Friday ___ Saturday ___ Sunday

Catering

Dinner: ___ Friday ___ Saturday ___ Sunday

Breakfast: ___ Saturday ___ Sunday ___ Monday

Total Costs (Please transfer your complete registration and add up your total costs below)

Registration fee	Before 31 May	After 1 June		
Adult	_____ 200 DKK	_____ 250 DKK	=	_____
Child/youngsters up to 20 years	_____ 125 DKK	_____ 175 DKK	=	_____

Accommodation	No of nights	_____ x 80 DKK	=	_____
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Dinner (100 DKK per day)		_____ x 100 DKK	=	_____
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Breakfast (60 DKK per day)		_____ x 60 DKK	=	_____
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TOTAL DKK _____

Betalingsblanket / Payment instruction

Udfyldes med blokbogstaver / Use capital letters.

Hæves på konto / To be debited to account no.:	CPR nr. / Cpr. no.:
Ref. på kontoudskrift / Ref. on account statement:	HÆRVEJSMARCHEN
Modtager / Recipient: HÆRVEJSMARCHEN, Tingvej 17, 8800 Viborg	
Reg. Nr / Reg. no.: 9255 Konto nr. / Account no.: 6500139802	
Meddelelse til modtager (max 20 tegn) / Message to beneficiary (max. 20 characters): DELTAGER CPR NUMMER:	
Beløb / Ammount:	Dkr.
Udførselsdato dato / Date of transfer:	
Underskrift / Signature:	