APPLICATION

TO:

PAXOS TENNIS GROUP

Name:.......................................

Surname: ....

Father's Name: ....

ID/PASSPORT No: ....

Address : ....

……………………………………

City:..

Postal Code: ....

Phone: ....

Email :......................................

SUBJECT: MEMBERSHIP REGISTRATION

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………………………………………..

PAXOS …../…../20…..

The applicant

THE PRESIDENT

IOANNIS STAVROS

THE SECRETARY

IOANNA VLASSI

ΟΜΙΛΟΣ ΑΝΤΙΣΦΑΙΡΙΣΗΣ ΠΑΞΩΝ (ΟΑΠ)