

## APPLICATION

# VRANJES PROFESSIONAL HANDBALL CAMP 2016

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRESENT HANDBALL CLUB: \_\_\_\_\_

POSITION: \_\_\_\_\_

YEARS OF PLAYING HANDBALL: \_\_\_\_\_

PRESENT COACH: \_\_\_\_\_

I PLAY FOR THE DISTRICT TEAM: \_\_\_\_\_

I PLAY FOR THE NATIONAL TEAM: \_\_\_\_\_

I WANT TO ATTEND THE CAMP BECAUSE: \_\_\_\_\_

MY GOALS AS A HANDBALL PLAYER: \_\_\_\_\_

NOW SEND THE FORM TO: [info@ljubomirvranjes.com](mailto:info@ljubomirvranjes.com).

Last date of application: APRIL 17 2016

We look forward to hear from you!