



NAUTICAL CLUB of TZITZIFIES KALLITHEA

Founded in 1958 - Offices-Premises: Delta Falirou - Kallithea - Zip Code: 176-74

Tel: 210-4810390/91 • Web: www.notk.gr • Email: info@notk.gr

APPLICATION FOR REGISTRATION IN OFFSHORE SAILING COURSES BASIC TRAINING COURSE

SURNAME:		NAME:	
FATHER'S NAME:		MOTHER'S NAME:	
DATE OF BIRTH:		PLACE OF BIRTH:	
ID NUMBER:			
NATIONALITY:		CITIZENSHIP:	
CITY:		POSTAL CODE:	
STREET:		STREET No:	
TELEPHONES:	Home:	Work:	Mobile:
E-mail:			

FALIRO		/		/	
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I hereby solemnly declare that:

1. I am over 18 years of age.
2. I know how to swim.
3. The Board of Directors of N.O.T.K. or the Academy's staff bear no responsibility for any accident that may occur to me during my training on the Club's boats, and I board the boats at my own responsibility.
4. I am in good health and do not suffer from any illness that could manifest during the course of the lessons.
5. I undertake the obligation to pay the Club the participation fee for the training costs (1/2 upon my registration and the balance before the last theoretical lesson). The advance payment is non-refundable if I abandon the training for any reason.

ACCEPTED/...../202....

SOLEMN DECLARATION OF THE APPLICANT
(signature)

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THE ACADEMY DIRECTOR
(signature)

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