# Dual Registration Form

## Applicant

**Name: ..**

**Surname(s): ..**

**Street: ..**

**Place: ..**

**Zip Code: ..**

**Nationality: ..**

**Proposed Union: ..**

**Proposed Club: ..**

**Duration**

**(max. 12 months):** Starts: (mm/dd/yyyy) Ends: (mm/dd/yyyy)

## Permission for Dual Registration of Dutch Rugby Union

**Name**

**representative:**

**Function**

**representative:**

**Permission: YES/NO**

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date: ..**

**Stamp Union: ..**