# 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)

## Approval of Dual Registration (current union)

**Name :**

**Role:**

**Permission: YES/NO**

**Date:**

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

**Stamp Union:**

## Approval of Dual Registration (proposed union)

**Name :**

**Role:**

**Permission: YES/NO**

**Date:**

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

**Stamp Union:**