

Teamname: _____

Hochschule Bremen
Fachschaft 5
Werderstr. 73
D-28199 Bremen
Germany

Application Form

We will participate with our team of 11 (+ max. 4) in the Cutter-Race in Bremen on 02nd November 2017 (plus a certain number of supporters if available).

We would like to have breakfast on Saturday morning: yes: no:

Our hotel will be

Our contact person is: Name: _____
 Address: _____
 Tel./Fax.: _____
 Email: _____

bank name: Bremische Volksbank e.G.
IBAN: DE94 2919 0024 0033 5690 03
BIC: GENODEF1HB1
Purpose: Cutterrace 2017, "Teamname"

Application deadline: 17th November 2017

date, place

signature