

Membership application to the sports club SV Saxonia 1920 Gatersleben e. V.



Herewith I apply:	
Name, First name, Date of birth	
Address	
Phone, Email	
A membership in the sports club SV Saxonia 1920 Gatersleben e.V. from	
I would like to practice following sports:	
I accept the club statutes and membership fee regulations of the sports club.	
Date S	Signature
I pay the membership fee to the responsible of the department every six month.	
For the admission of underage children and you	ing people (under the age of 18)
We agree with the admission of our daughter / our son in the sports club SV Saxonia 1920 Gatersleben e.V. and assume liability for the performance of obligations of the sports club until the coming of age.	
We are on call by telephone number	
Date and Signature of parents	