

ILO TABLE TENNIS-Club

ENROLMENT FORM 2026-27 season

Membership fee: 30.-CHF

SURNAME : Unit/Organization :

First name : Telephone :

Address

E-mail address Personnel No.:

I, _____ (please print full name), fully understand and agree that my participation in the ILO Table Tennis Club is at my own risk and I hereby release the ILO and its employees of any liability (in case of injury, illness, death, loss or damage to personal effects and/or equipment) which may result, directly or indirectly, from my use of the ILO facilities when attending Table Tennis area

Date.....

Signature.....

Please send the enrolment form to:
Ms. Chantal Amine
Office 3-19, ILO
Tel. 022 799 6167