



C.F.F.B PLAYER APPLICATION

Name: _____ Age: _____

Date of birth (m/d/y): _____ Sex: M () F () Nationality: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Phone: () _____ Evening Phone: () _____

Fax Number: () _____ E-mail address: _____

Club Name: _____ Player Position: _____

Coach's Name: _____ Coach's Phone: () _____

Insurance Co.: _____ Policy No: _____

Insurance Co. Address: _____

Phone No.: () _____ Name of Policyholder: _____

Emergency Contact Name: _____

Day Phone: () _____ Evening Phone: () _____

Fax Number: () _____ E-mail address: _____

Program Choice: 8 Days () 15 Days () Other () _____

Signature of Player Date

Signature of Parent or Guardian Date

() Soccer Resume Attached.

() Deposit Enclosed Required firsts deposit non-refundable

Please send this application along with your check or money order payable to :

Ambiance Viagens & Turismo
Alameda das Algarobas, 85 Ed. Mediterrâneo.
Center Loja 11B CEP: 41.820-500
Caminho das Árvores
Salvador - Bahia - Brasil