



**REGISTRATION FORM FOR THE RESTORATION MHB CUP 31 MAY 2025**

CLUB : .....

ADDRESS : .....

TEL : ..... EMAIL : .....@.....

CONTACT PERSON (attending the tournament) : .....

**SATURDAY MEAL BASKET PACKAGES**

**Saturday lunchtime**, 2 options to choose from:

**snacking formula** (sandwich, tray of fries, drink) - Quantity.....x €9 = .....€

**cold meal formula** (salad, sandwich, dessert, drink) - Quantity.....x14 € = .....€

**Saturday night**

**cold meal formula** (salad, sandwich, dessert, drink) - Quantity.....x14 € = .....€

**TOTAL: ..... €**

**PAYMENT**

- by credit card, by telephoning the MHB club : +33 499614455
- By bank transfer to the Montpellier Handball Association bank account, details of which will be sent to you on receipt of your registration form.

**REGISTRATION PROCEDURE**

Form to be returned by email **before 16 may 2025** to : [f.grasset@montpellierhandball.com](mailto:f.grasset@montpellierhandball.com)  
 Registrations will be managed on a first come first served basis, once full fees have been paid.  
 20 teams will be accepted in each category.

Date.....

Signature and club stamp :

[Empty dashed box for signature]

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