***This form must be sent to FISTF (******secretary@fistf.com******) at least 30 days before the date of the tournament***

|  |
| --- |
| **Organizers’s Details** |
| **Name & Surname:** (\*) |  | **FISTF Code: (\*)** |  |
| **Address:** (\*) |  | **Mobile:** |  |
| **Telephone:** |  |
| **Email:** (\*) |  |
| **Event’s Details** (\*) |
| **Tournament Name:** |  |
| **Location:** (city) |  | **Date:** |  |
| **Venue:** (name, address) |  |
| **Time Schedule:** |  |
| **Tournament Fees:** |  |
| **Website:** |  |
| **Contacts:** (for registrations) |  |
| **Poster or Banner:**Please add a picture in JPG, GIF, BMP or PNG formats) | *Add picture here:* |
| **Organizer Signature** (\*) |
| ***Date*** | ***Place*** | ***Title*** | ***Signature*** |
|  |  |  |  |

*(\*) All fields mandatory*