

FORM: F



GİRNE ÜNİVERSİTESİ
UNIVERSITY OF KYRENIA

PHOTO

Management of Health, Culture and Sports Department

University of Kyrenia Club Member Registration Form

Date:/...../20.....

Name - Surname :

Date of Birth :
(Day/Month/Year)

ID/Passport No :
(Nationality if P.No)

Faculty/
Vocational School :

Department :

Student ID No :

Adress :
.....
.....

Telephone :

e-mail :

Blood Type :

Do you have any
permanent health
problem? What is it? :

A contact number
of a realtive or firend
that we can reach in
case of emergency :

APPROVAL:

GİRNE ÜNİVERSİTESİ