F.I.H. Youth Panel Pen pal Program

Sign up form	**=required fields
**Name:	
**Age: **Gender:	
Street/No.:	
Zip Code: City:	
**Country:	
Phone: +//	
Mobile: +///	
**Your language:	
**1 st foreign language:	
2 nd foreign language:	
3 rd foreign language:	
**eMail:	
Other contact details:	

These questions are optional, but if you answer them, it will be easier for us to get you a pen pal sooner!

Yourhobbies:		
Which city in the world woul	d you like to visit your lif	e and why?
When and why did you starte	ed playing Hockey?	
What is your dream?		
Why do you want to have a p	pen pal?	
Comments and Suggestions:		
Please fill out this form and re	eturn it to:	
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