

1st Baseball and Softball Club Karlsruhe Cougars e.V.

Member of the Baseball and Softball Federation Baden-Württemberg e.V. (BWBSV), the German Baseball and Softball Federation e.V. (DBV) and the German Cricket Federation e.V. (DCB)



1. BSC Karlsruhe Cougars e.V.
- Geschäftsstelle -
Jägerstr. 17 b

76227 Karlsruhe

Download the application form, fill it out digitally and send it by email to kontakt@karlsruhe-cougars.de or print it out, sign the front and back and give it to the responsible coach or send it by post to the office.

The information in the fields outlined in blue is mandatory!

Request for Change

I hereby give notice that the data given below relevant for my membership has changed. I agree to the storage of my data based on the club's [privacy policy](#) and its transfer to the above-mentioned sports associations responsible for my sport.

Last Name

Last Name (new)

First (and Middle) Name

Street

House Nr.

ZIP Code

City

E-Mail

Phone / Mobile Phone

Citizenship(s)

- Youths up to 18 years (100 €)
- Adults over 18 years (185 €)
- Adults, reduced (140 €)
- Adults, CoEd-Teams (100 €)
- Passives (30 €)
- Family (230 €) ³⁾

Fee Category (annual fee, old) ¹⁾

- Youths up to 18 years (100 €)
- Adults over 18 years (185 €)
- Adults, reduced (140 €)
- Adults, CoEd-Teams (100 €)
- Passive (30 €)
- Family (230 €)

Fee Category (annual fee, new)

Additional Remarks

¹⁾ Fees as per decision of the Members' Meeting on March 27th 2023

²⁾ Students, trainees, unemployed persons, pensioners

³⁾ (Single) parents or similar relationships and their minors (additional family members to be listed on page 2)

Additional Family Members

For fee category „Family“ additional family members have to be listed below. We do not charge admission fees for these family members. Leave field „Team“ blank for inactive family members.

<input type="text"/>	<input type="text"/>	<input type="radio"/> m <input type="radio"/> w <input type="radio"/> d	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> m <input type="radio"/> w <input type="radio"/> d	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> m <input type="radio"/> w <input type="radio"/> d	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> m <input type="radio"/> w <input type="radio"/> d	<input type="text"/>	<input type="text"/>
Last Name (if different), First (and Middle) Name	Date of Birth	Gender	Team	Citizenship(s)

SEPA Direct Debit Mandate

1. BSC Karlsruhe Cougars e.V., Creditor-ID: DE96COU00000174393, Mandate Reference ⁴⁾

By signing this mandate form, you authorize 1st BSC Karlsruhe Cougars e.V. to send instructions to your bank to debit your account and your bank to debit your account in accordance with the instructions from 1st BSC Karlsruhe Cougars e.V.

Note: I may request refund of the payment amount within a period of eight weeks starting from debit date.

Account Holder: Name and Address as on Page 1

<input type="text"/>	<input type="text"/>		
Last Name	First (and Middle) Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	House Nr.	ZIP Code	City
<input type="text"/>			
Name of Bank			
<input type="text"/>			<input type="text"/>
IBAN ⁵⁾			BIC ⁵⁾

⁴⁾ The mandate reference will be sent to you with the confirmation on the application form

⁵⁾ BAN and BIC can be found e.g. on your BankCard or on bank statements

Place, Date, Signature (in case of minors: person with legal parental authority)