

# 1<sup>st</sup> 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](mailto: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!

## Application for Admittance

I hereby apply to join the club at the earliest possible date. I am aware of the currently valid [statutes and regulations](#) and I accept them. 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.

The **admission fee** is a one-time fee of **€50**. If no **SEPA direct debit mandate** is granted, the annual fee increases by **€10**. Resignation from the association is only possible at the end of the year and must be declared in writing by October 31st of the current year at the latest. Changes to the address and/or bank details must be reported to the office immediately.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> m <input type="radio"/> w <input type="radio"/> d
Last Name	First (and Middle) Name	Date of Birth	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street	House Nr.	ZIP Code	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-Mail	Phone / Mobile Phone	Citizenship(s)	
<input type="radio"/> Youths up to 18 years (100 €) <input type="radio"/> Adults over 18 years (185 €) <input type="radio"/> Adults, reduced (140 €) <input type="radio"/> Adults, CoEd-Teams (100 €) <input type="radio"/> Passive (30 €) <input type="radio"/> Family (230 €) <sup>3)</sup>	<input type="text"/> Profession	<input type="text"/> Previous Club	
Fee Category (annual fee) <sup>1)</sup>	<input type="radio"/> Baseball <input type="radio"/> Softball <input type="radio"/> Cricket Department	Coach <input type="text"/>	
	<input type="text"/> Team <sup>4)</sup>	Umpire <input type="text"/>	
		Scorer <input type="text"/>	
		License Holder <sup>5)</sup>	

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

<sup>2)</sup> Students, trainees, unemployed persons, pensioners

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

<sup>4)</sup> BB-Cadets, BB-Men 1, SB-Wocmen 2 etc.

<sup>5)</sup> License number, if you own a coach, umpire or scorer licens

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

## 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 <sup>6)</sup>

By signing this mandate form, you authorize 1<sup>st</sup> 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 1<sup>st</sup> 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 <sup>7)</sup>		BIC <sup>7)</sup>	

<sup>6)</sup> The mandate reference will be sent to you with the confirmation on the application form

<sup>7)</sup> BAN and BIC can be found e.g. on your BankCard or on bank statements

Place, Date, Signature