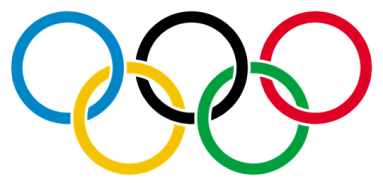
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**9th OLYMPIC GAMES FOR STUDENTS OF UNIVERSITIES   
OF THE THIRD AGE**

**Application**

**(deadline 31st July 2020 – limited capacity)**

**Surname, first name:.................................................................................................................................................**

**Date of birth:..............................................................................................................................................................**

**Permanent address: (street, number, city, ZIP code)............................................................................................**

**Contact details: (important details – mobile phone number, e-mail (if provided), fixed line telephone number)......................................................................................................................................................................**

**Date:............................................................................................................................................................................**

**Signature:...................................................................................................................................................................**

**I apply for following sports:**

Thursday (17/09/2020) – I. Block (9,00 – 11,30)

(you can apply for maximum one sport)

1. Shooting sport competition (pneumatic weapons) yes - no
2. Table tennis tournament yes - no
3. Armwrestling yes - no

Thursday – II. Block (12,30 – 13,30)

1. Zumba yes - no

Thursday – III. Block (14,00 – 17,00)

1. The most versatile athlete yes - no

Friday (18/09/2020)

1. Petanque tournament yes – no
2. Walking football tournament yes – no

Saturday (19/09/2020)

Sport or sightseeing program – (15 Eur) yes – no

**Declaration and Consent**

I hereby declare that all information provided is true and that I did not conceal serious facts. In accordance with § 7 of the Law no. 428/2002 Coll. On Protection of Personal Information I hereby with my signature give a consent to the Technical University in Zvolen to process provided personal information during the course of my study, stated in this application, for the purposes of keeping records of students and information processing in the internal university systems. I am aware that this consent can be cancelled only in writing after settlement of all obligations if serious reasons occur. I am aware that the information can be processed only by persons in charge, who are obliged to observe the Law no. 428/2002 Coll. and that the processed information will be filed and disposed in accordance with applicable legal regulations.

Technická univerzita vo Zvolene, Univerzita tretieho veku, T. G. Masaryka 24, 960 53 Zvolen

https://utv.tuzvo.sk/en/olympic-games-students-uta, +421/45/5206 198, [erik.selecky@tuzvo.sk](mailto:erik.selecky@tuzvo.sk)