

# Registration

## Cycling – World Championship for Bakers & Pastry-chefs

**First name**

**Last name**

**Company**

**Street**

**Location**

**Nation**

**Phone number**

**Fax**

**E-Mail**

**Date of birth**

**Age**

**Sex**                    male                    female

**Profession**            baker                    pastry-chef            shop assistant            miller

Send the registration to the responsible National President by mail, per post or fax.