

# BOOTCAMP LINDBERG

30 April-3 May, 2026  
Höllviksnäs, Sweden



## Personal information:

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## Room I wish to reserve:

Hotel standard:  1-bed room  2-bed room  3-bed room

I want to share room with: \_\_\_\_\_

I want to participate without overnight stay:

## Training sessions I would like to join:

Friday:  Session I  Session II  Session III

Saturday:  Session I  Session II  Session III

Sunday:  Session I  Session II

## Other information:

Food allergies: \_\_\_\_\_

I am new to boxing and would like an introduction.

I am aware of that I participate at my own risk and that I am responsible for being insured in case of injury or illness.

I am aware of that my registration is only valid after fully payment.

I am aware of that the registration is binding. If I cancel before 23.03.2026 I will be refunded everything BUT the registration fee (215 Euro/2500 SEK).  
If I cancel after 23.03.2026 I won't get a refund.

\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please fill out this registration form and email it to:  
[info@marialindberg.se](mailto:info@marialindberg.se)