



2017 Loutraki Easter Basketball Cup

FORM A

REGISTRATION FORM

TEAM INFO

TEAM NAME

COUNTRY

AGE CATEGORY

Please the category your team want to participate

Boys U13

Boys U15

Girls U15

Boys U17

Girls U17

CONTACT PERSON

Mr. / Mrs / Dr. etc

First & Last Name

TITLE

CONTACT NAME

TEL

MOBILE

E-MAIL

ADDRESS

CITY

POSTAL CODE

TOTAL NUMBER OF DELEGATES (Athletes & Escorts)

persons

- I verify that all players are medical able to participate in LOUTRAKI EASTER BASKETBALL CUP 2017
- I allow the organization to use any photographs, or any other record of this event for any legal use.

Team's Leader

NAME & SIGNATURE



THE NATIONAL BASKETBALL ACADEMY
G R E E C E
CAMPS • CLINICS • LEAGUES • TRAINING



2017 Loutraki Easter Basketball Cup

TEAM ROSTER

TEAM'S NAME

TEAM'S COACH

TEAM'S CAPTAIN

| # | SURNAME | NAME | E-MAIL |
|----|---------|------|--------|
| 1 | | | |
| 2 | | | |
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| 14 | | | |
| 15 | | | |

Team's Leader
NAME & SIGNATURE

