



2017 Loutraki Easter Soccer Cup



REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please ☒ the category your team want to participate

U16 (2002-2003)

☐

U13 (2004-2005)

☐

U11 (2006-2007)

☐

U9 (2008-2009)

☐

TEAM MANAGER

NAME

PHONE

MOBILE

E-MAIL

ADDRESS

CITY

POSTAL CODE

TOTAL NUMBER OF PLAYERS

PERSONS

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

Team's Leader

NAME & SIGNATURE



2017 Loutraki Easter Soccer Cup



NAME LIST

TEAM

COACH

TEAM MANAGER

ROSTER			
#	SURNAME	NAME	DATE OF BIRTH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Team Manager
Name & Signature