



2017 Loutraki Easter Volleyball Cup



FORM A

REGISTRATION FORM

TEAM INFO

TEAM NAME

COUNTRY

AGE CATEGORY

Please ☒ the category your team want to participate

Girls U14

☐

Girls U16

☐

CONTACT PERSON

Mr/ Mrs/ Dr etc

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 VOLLEYBALL 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 Volleyball Cup



TEAM ROSTER

TEAM'S NAME

TEAM'S COACH

TEAM MANAGER

#	SURNAME	NAME	E-MAIL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Team's Leader
NAME & SIGNATURE