GLOBAL CUP



World Senior Volleyball Championship

Name & Signature

	REGISTRATION FORM	
TEAM		
NAME		
CITY		
AGE CATEGORIES		
Please ☑		ı
MEN 40+	WOMEN 40+	
MEN 45+	WOMEN 45+	
MEN 50+	WOMEN 50+	
MEN 55+	WOMEN 55+	
MEN 60+	WOMEN 60+	
TEAM MANAGER		
NAME		
PHONE	CELL	
E-MAIL		
ADDRESS		
CITY	P.O	
TOTAL NUMBER OF PLAYERS		PERSONS
• I verify that all players are n	nedical able to participate in LOUTRAKI GLOBAL CUP 2022	
• I allow the organization to	use any photographs, or any other record of this event for any legal use.	
		s PORteamp
Team Manager		YOUTH SPORTS TRAINING CENTER LOUTRAKI - GREECE WWW.SPORTCamp.gr

GLOBAL CUP



World Senior Volleyball Championship

		NAME LIST		
CH				
MANAGER				
		ROSTER		
#	SURNAME	NAME	DATE OF BIRTH	EMAIL
1				
2				
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9		1		
10		1		
11				
12				
13				
14				
15		<u></u>		

Team Manager

Name & Signature



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