



REGISTRATION FORM

TEAM INFO

TEAM NAME

COUNTRY

AGE CATEGORY

Please the category your team want to participate

Boys K13	<input type="checkbox"/>		
Boys K15	<input type="checkbox"/>	Girls K15	<input type="checkbox"/>
Boys K18	<input type="checkbox"/>	Girls K18	<input type="checkbox"/>

CONTACT PERSON

TITLE	<input type="text"/>	Mr. / Mrs / Dr etc	CONTACT NAME	<input type="text"/>	First & Last Name
TEL	<input type="text"/>		MOBILE	<input type="text"/>	
E-MAIL	<input type="text"/>				
ADDRESS	<input type="text"/>				
CITY	<input type="text"/>		P.O	<input type="text"/>	

TOTAL NUMBER OF DELEGATES (Athletes & Escorts)

PERSONS

- I verify that all players are medical able to participate in LOUTRAKI EASTER BASKETBALL CUP 2018
- I allow the organization to use any photographs, or any other record of this event for any legal use.

Team's Leader
Name & Signature





TEAM ROSTER

TEAM'S NAME

TEAM'S COACH

TEAM'S CAPTAIN

ROSTER			
#	SURNAME	NAME	EMAIL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Team's Leader
Name & Signature

