



## REGISTRATION FORM

### TEAM INFO

TEAM NAME

COUNTRY

### AGE CATEGORY

Please  the category your team want to participate

Boys U15

Girls U15

Boys U13

Boys U11

### 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 capable of participating in LOUTRAKI EASTER BASKETBALL CUP 2024

I allow the use of photographs or any other record of this event for any legal use.

I allow the use of my personal information to receive notifications of SPORTCAMP events

I have been informed of the health protocols followed by SPORTCAMP during the stay of my teams.

  
  
  

Team's Leader

NAME & SIGNATURE

**IMPORTANT NOTICE : A DIFFERENT FORM HAS TO BE COMPLETED FOR EACH TEAM**



## TEAM ROSTER

**TEAM'S NAME**

TEAM'S COACH

TEAM'S CAPTAIN

#	SURNAME	NAME	E-MAIL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Team's Leader

**NAME & SIGNATURE**