



## REGISTRATION FORM

### TEAM INFO

TEAM NAME

COUNTRY

### AGE CATEGORY

Please  the category your team want to participate

Boys U13

Boys U15

Girls U15

Boys U18

### 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 BASKETBALL CUP 2019

• 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

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

Team's Leader  
NAME & SIGNATURE

