

REGISTRATION FORM						
TEAM INFO						
TEAM NAME						
COUNTRY						
AGE CATEG	ORY					
Please 1 the category your team want to participate						
Boys U13						
Boys U15	Girls U15					
Boys U18						
CONTACT PERSON						
TITLE	Mr. / Mrs. / Dr. etc CONTACT NAME					
TEL	MOBILE					
E-MAIL						
ADDRESS						
CITY	POSTAL CODE					
TOTAL NUMBER OF DELEGATES (Athletes & Escorts) persons						

ulletI 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.

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Team's Leader	





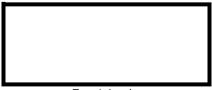
NAME & SIGNATURE



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			





NAME & SIGNATURE



