



REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please ☒

K16 (2002 - 2004)

☐

K11 (2007 - 2008)

☐

K13 (2005 - 2006)

☐

K9 (2009 - 2010)

☐

TEAM MANAGER

NAME

PHONE

CELL

E-MAIL

ADDRESS

CITY

P.O.

TOTAL NUMBER OF PLAYERS

PERSONS

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

Team Manager
Name & Signature





NAME LIST

TEAM

COACH

TEAM MANAGER

ROSTER			
#	SURNAME	NAME	DATE OF BIRTH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			

Team Manager
Name & Signature

