

WORLD

Masters Volleyball Cup - Loutraki



REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please

MEN 40+

WOMEN 40+

MEN 45+

WOMEN 45+

MEN 50+

WOMEN 50+

MEN 55+

WOMEN 55+

MEN 60+

WOMEN 60+

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 World Masters Volleyball Cup 2024.
- I allow the organization to use any photographs or any other record of this event for any legal use.

Team Manager
Name & Signature



WORLD

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NAME LIST

TEAM

COACH

TEAM MANAGER

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

Team Manager
Name & Signature



SPORTTRAVEL
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