



REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please

U15 Girls (2004 and later)

U17 Girls (2002 and later)

U15 Boys (2004 and later)

U17 Boys (2002 and later)

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 CHRISTMAS VOLLEYBALL CUP 2019
- 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

