



## REGISTRATION FORM

### TEAM

NAME

CITY

### AGE CATEGORIES

Please

U18 G (2005 and later)

U16 G (2007 and later)

U18 B (2005 and later)

U16 B (2007 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 EASTER VOLLEYBALL CUP 2022

I allow the organization to use any photographs, or any other record of this event for any legal use.

I allow the organizer to use my personal information to receive notifications of SPORTCAMP events

I have learned about the health protocols during the stay of my teams following SPORTCAMP

  
  
  

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

