



REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please ☒

K16 (2005 - 2006)

☐

K10 (2011 - 2012)

☐

K14 (2007 - 2008)

☐

K8 (2013 - 2014)

☐

K12 (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 2021

☐

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



