



REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please

K16 (2006 - 2007)

K10 (2012 - 2013)

K14 (2008 - 2009)

K8 (2014 - 2015)

K12 (2010 - 2011)

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 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



www.sportcamp.gr



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

