



REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please R

K16 (2009 - 2010)

☐

K10 (2015 - 2016)

☐

K14 (2011 - 2012)

☐

K8 (2017 - 2018)

☐

K12 (2013 - 2014)

☐

1 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 2025

I agree with the use of photographs or other recording of the event, for any legal use, by the Organizer.

I agree with the use of my personal information, in order to receive notifications of SPORTCAMP's future events I have been informed of Sportcamp's health protocols during the stay of my team.

☐
☐
☐
☐

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

