



ALL IN SOCCER... LIVE IT & LOVE IT!



## REGISTRATION FORM

### TEAM

NAME

CITY

### AGE GROUPS

Please  the age group of your team

U14 (2009 - 2010)

U10 (2013 - 2014)

U12 (2011 - 2012)

U 8 (2015 - 2016)

### 1 TEAM MANAGER

NAME

PHONE

CELL

E-MAIL

ADDRESS

CITY

Κ.

TOTAL No OF PARTICIPANTS ( Kids/ Coaches/ Escorts)

Participants

I verify that all players are medical able to participate in SS Youth Festival 2023

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

TEAM MANAGER  
NAME & SIGNATURE





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## NAME LIST

TEAM

COACH

TEAM MANAGER

  

#	LAST NAME	FIRST NAME	E-MAIL	DoB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

TEAM MANAGER  
NAME & SIGNATURE

