

ALL IN SOCKER... LIVE IT & LOVE IT 1 SPORtamp



NAME CITY ASE GROUPS Please ☑ the age group of your team U14 (2009 - 2010) U10 (2013 - 2014) U12 (2011 - 2012) U 8 (2015 - 2016) TEAM MANAGER NAME PHONE CELL E-MAIL ADRESS CITY 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 SPORTCAMP events FEAM MANAGER WWW.SPORTCAMP.8		REGISTRATION FORM
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		SPORt



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



NAME LIST

TEAM				
COACH				
TEAM MANAGER				

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

TEAM MANAGER
NAME & SIGNATURE



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