

REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please

U17 (2008 - 2009)

K16 (2009 - 2010)

K15 (2010 - 2011)

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 SCHOOL BREAK SOCCER CUP 2024

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

