REGISTRATION FORM

TEAM INFO

TEAM NAME

COUNTRY

AGE CATEGORY

Please ☑ the category your team want to participate

Boys U16 ☐	Boys U14 ☐	**Boys U12** ☐ **(26-28/4/2027)**
Girls U16 ☐	Girls U14 ☐	**Girls U12** ☐ **(26-28/4/2027)**

CONTACT PERSON

Mr. / Mrs / Dr. etc — First & Last Name

TITLE **CONTACT NAME**

TEL MOBILE

E-MAIL

ADDRESS

CITY **POSTAL CODE**

TOTAL NUMBER OF DELEGATES (Athletes & Escorts) persons

I verify that all players are medical capable of participating in LOUTRAKI EASTER BASKETBALL CUP 2027 ☐

I allow the use of photographs or any other record of this event for any legal use. ☐

I allow the use of my personal information to receive notifications of SPORTCAMP events ☐

I have been informed of the health protocols followed by SPORTCAMP during the stay of my teams. ☐

Team's Leader

NAME & SIGNATURE

IMPORTANT NOTICE : A DIFFERENT FORM HAS TO BE COMPLETED FOR EACH TEAM