



## REGISTRATION FORM

### TEAM

NAME

CITY

### AGE CATEGORIES

Please

U17 G (2002 and later)

U15 G (2004 and later)

U17 B (2002 and later)

U15 B (2004 and later)

### 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 VOLLEYBALL CUP 2019
- I allow the organization to use any photographs, or any other record of this event for any legal use.

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

