

REGISTRATION FORM

TEAM

NAME

CITY

AGE CATEGORIES

Please 

MEN 45+ ☐

MEN 55+ ☐

MEN 60+ ☐

MEN 65+ ☐

WOMEN 45+ ☐

WOMEN 55+ ☐

WOMEN 60+ ☐

WOMEN 65+ ☐

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 World Masters Volleyball Cup 2026.
- 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	EMAIL
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Team Manager
Name & Signature

For more info, you may contact Mr. Charalampos Pelekis e-mail: b.pelekis@sportcamp.gr