



Team captain mobile phone number _____

Team captain e-mail address _____

Team: _____

Tournament: _____

| No | Name and Surname | Birthday | Gender | Authenticity Commission | Medical Check |
|----|------------------|----------|--------|-------------------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |

Authenticity Commission

Representative's name

Signature

Team Captain

Representative's name

Signature

Organizer

Manager's name

Signature