

**Enrollment form ”Easter Volley 2020”**

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**( Please fill out a form for each participating team)**

Club name: …………………………………………………………………………………………….……………….………………

City: …………………………………………………………… Country: …………………….…………………..…........

Team name: ……………………………………………………………………………………………….……………………........

Category: Under ……………

Fax: …………..…........ e-mail address: ……………..………………………………@…………………….……….

Manager at the tournament Mr/Mrs …………………………............................……………………………

N° tel. ……../………….…… e-mail address: ……………..………………………………@…………………….……….

Coach at the tournament Mr/Mrs …………………………............................……………………………

N° tel. ……../………….…… e-mail address: ……………..………………………………@…………………….……….

**affiliate with the BLSD certificate (defibrillator)**

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Accommodation request:

Arrival: ..…/..…/………….

Vehicle: Bus Minibus-car

Number of participating people:

Coaches ………..... (indicate n° man/woman)

Managers ………..... (indicate n° man/woman)

Athletes ……….....

Parents ……….....(indicate n° man/woman)

**Athletes list and t-shirt size :**

**Team** ……………………………………………………………………………….. **Category** ………..

**Name and Surname** **Year of birth** **T-shirt size**

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