

TEAM REGISTRATION FORM

for

The 5th World Cup of Children from Care Homes
"HOPE FOR MUNDIAL"
Warsaw, 15th-16th July 2017

.....
(name of team)

.....
(name, address and telephone of care home)

Coach and/or carer:
(name, surname, telephone)

Team members:

	Name, surname	Date of birth (DD/MM/YYYY)
1		.../.../.....
2		.../.../.....
3		.../.../.....
4		.../.../.....
5		.../.../.....
6		.../.../.....
7		.../.../.....
8		.../.../.....
9		.../.../.....
10		.../.../.....

I declare that I have read the regulations of the Championship and I accept all the conditions.

APPLICANT

Care Home Director:

.....
(date and place)

.....
(signature and stamp)