

# TEAM REGISTRATION FORM

for

The 8<sup>th</sup> World Cup of Children from Care Homes

“HOPE FOR MUNDIAL”

Warsaw, 25<sup>th</sup>-26<sup>th</sup> July 2020

.....  
(name of the team)

.....  
(care home name)

.....  
(care home address and telephone)

Coach: .....  
(name, surname, telephone)

Caregiver: .....  
(name, surname, telephone)

## Team members:

|    | Name, surname | Nationality | Care Home address | Birth date<br>(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:

.....  
(place, date)

.....  
(signature and stamp)