

TEAM REGISTRATION FORM
for
The 9th World Cup of Children from Care Homes
“HOPE FOR MUNDIAL”
Warsaw, 17th-18th of August 2024

.....
(name of team)

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

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

Team members:

	Name, surname	Gender M/F	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)