

**TEAM REGISTRATION FORM**  
for  
**The 10<sup>th</sup> World Cup of Children from Care Homes**  
**“HOPE FOR MUNDIAL”**  
**Warsaw, 28<sup>th</sup>-29<sup>th</sup> June 2025**

.....  
*(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)*