

NAME OF THE TOURNAMENT

Place (Country), Date (from - to)

Hotel:

Address:

Phone:

Playing Venue:

Address:

Country: _____

Contact person

Name: _____

Email: _____

Phone: _____

ENTRY FORM - PLAYERS AND STAFF

PLAYERS

N.	NAME	SURNAME	Gender (M/F)	Vegetarian (Yes/No)	Allergies
1					
2					
3					
4					
5					
6					

STAFF

N.	NAME	SURNAME	Gender (M/F)	Position (guide/coach)	Vegetarian (Yes/No)	Allergies
1						
2						
3						
4						
5						
6						

Please return this form to the Organizing Committee no later than XX/XX/XXXX.

E-mail: