

Number of submitted players _____
“ _____ ” _____ 2014г.

Signature (_____) Initials

SUBMISSION FORM

From team _____
for participation in basketball tournament (“Russian Open Games”)

#	Last name, first name	Date of birth	Role	Player's number	Medical permission
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Select division

We are strong!

We are fun!

TEAM INFORMATION

Name	Number of players	E-mail/Phone	Contact person