

**Sitting Comet 2020**

**Name of the team:**

**Contact person:**

**Address of the team:**

**City/Zip Code:**

**Country:**

**Telephone number (including country code/area code):**

**Mobile number (including country code/area code):**

**E-mail address:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of the participants** | **Sex M/F** | **Wheel chair: YES=1 NO=0** | **Function (player, coach…)** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |
| 11. |  |  |  |
| 12. |  |  |  |
| 13. |  |  |  |
| 14. |  |  |  |

Date:

Signature of President/Manager : Official Stamp: