



REGISTRATION FORM

Atri Cup 2020

Sport _____

Category _____

The sport club:

Address: _____

Tel: _____ Fax: _____

E-mail: _____

Administrative Responsible:

Name: _____ Surname: _____

Tel: _____ E-mail: _____

Technical Responsible:

Name: _____ Surname: _____

Tel: _____ E-mail: _____

Asks to be registered for 34th edition of Atri Cup.

Responsible's Signature