

N. 1



REGISTRATION OF THE REFERENT FEDERATION COVID-19

COMPETITION:

EUROLEAGUE

FEMALE LEAGUE CUP

WS EUROPE CUP

FEDERATION:

NAMES OF CLUBS PARTICIPATING IN THE COMPETITIONS:

Referent Federation Covid-19

NAME AND SURNAME:

EMAIL ADDRESS:

PHONE NUMBER:

*Please transmit this registration form to
covid@wseurope-rinkhockey.org*

Stamp and signature of the Federation

Signature of the Referent Federation Covid-19