

N. 2



REGISTRATION OF THE HEAD OF THE FEDERAL MEDICAL COMMISSION

COMPETITION:

EUROLEAGUE

FEMALE LEAGUE CUP

WS EUROPE CUP

FEDERATION:

Head Federal Medical Commission

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 Head Federal Medical
Commission