

N. 4



REGISTRATION OF THE COVID-19 OFFICER -

COMPETITION:

EUROLEAGUE

FEMALE LEAGUE CUP

WS EUROPE CUP

FEDERATION:

CLUB:

Referent of the Covid-19 Officer

NAME AND SURNAME:

EMAIL ADDRESS:

PHONE NUMBER:

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

Stamp and signature of the Club

Signature of the Covid-19 Officer