

N. 5



REGISTRATION OF THE TEAM HYGIENE OFFICER

COMPETITION:

EUROLEAGUE

FEMALE LEAGUE CUP

WS EUROPE CUP

FEDERATION:

CLUB:

Team Hygiene 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 Team Hygiene Officer