**REGISTRATION**

**UP Futsal League 2025/Autumn**

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| **Team name:** |
| **Captain name:** |
| **E-mail adress:** |
| **Phone number:** |

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| NAME | Date of birth | Place of birth | Mother’s maiden name |
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\* In the tournament every team needs 10 players, minimum 8.

\* I agree that our team registrate for the tournament, and pay the registration fee, which costs 10000 HUF.

Captain sign :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sports Office sign:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_