

# COERVER® ACADEMY SUMMER CAMP

Coerver® Coaching FOOTBALL TECHNIQUES SUMMER CAMP

## PARTICIPATION FORM

**COUNTRY:**

**CITY:**

**DATES OF PARTICIPATION:**

07.07 – 13.07

14.07 – 20.07

07.07 – 20.07

## COACHES

**1<sup>st</sup> COACH**

NAME:

SURNAME:

DATE OF BIRTH:

PASSPORT NUMBER:

TEL:

+

E-MAIL ADDRESS:

**2<sup>nd</sup> COACH**

NAME:

SURNAME:

DATE OF BIRTH:

PASSPORT NUMBER:

**3<sup>rd</sup> COACH**

NAME:

SURNAME:

DATE OF BIRTH:

PASSPORT NUMBER:

# STUDENTS

|    | NAME | SURNAME | AGE |
|----|------|---------|-----|
| 1  |      |         |     |
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