



Trofeo Città di Trento 2023



ENTRY FORM

NAME OF CLUB: _____ ADDRESS: _____

CITY: _____ COUNTRY: _____

NAME & SURNAME CONTACT PERSON: _____

MOBILE NUMBER: _____ EMAIL: _____

NAME & SURNAME COACH: _____

NAME & SURNAME TEAM LEADER (MAX 2): _____

	Name & Surname Athlets	Date of birth	Federation membership number
1			
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