  

 Liga Halowa Zagłębiowska

 Nazwa drużyny: ………………………………

Skład drużyny

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| L.P | Imię Nazwisko | Data urodzenia  | Nr. | Kartki | Bramki |
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PROSIMY O CZYTELNE WYPEŁNIENIE LISTY DRUKOWANYMI LITERAMI

Do sezonu 2017 r. można zgłosić 15 zawodników .

Każdy uczestnik wpisany na listę zgłoszeń zobowiązany jest posiadać aktualne potwierdzenie przez lekarza zdolności

do gry , w innym przypadku bierze na siebie wraz z kierownikiem drużyny pełną odpowiedzialność za wynikłe z tego

konsekwencje.

Kontakt do Kierownika drużyny ……………………………………………

Podpis kierownika drużyny ………………………………………..