Appendix 3
to the International Youth Football Tournament Regulations

Application

Team «_____»

_____

(country)

_____
_____
_____
_____
_____

(Contact Information (postal address, e-mail, telephone numbers)

FOR PARTICIPATION OF A TEAM IN THE 4 IBFT

№	Name, surname	Date of birth	Address	Doctor (signature, stamp, date)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

Responsible

_____ / _____

Signature, stamp **Name, surname**