|  |  |
| --- | --- |
| **TEAM:** |  |
| **TOWN-PLACE:** |  |
| **NAME AND SURNAME :** |  |
| **DATE OF BIRTH:** |  |
| **Years of working in the team:** |  |
| **ADRESS:** |  |
| **E-mail:** |  |
| **Mob:** |  |
| **RESPONSIBLE PERSON:** |  |
| **E-mail:** |  |
| **Mob:** |  |

** MAJORETTE SPORT WORLD FEDERATION**

 **SEMINAR FOR TRAINERS**

 **LUXEMBOURG/01.-02.10.2022.**

 **REGISTRATION FORM**

