





Group	Country			

7th Baltic Volleyball Youth Championships for sports schools and clubs

Sport school/Club											
Players Nr.	N	lame	First	Name	Birth D Dd/mm		Height	Weight	License Nr.	Position	Remarks about Health Status
		*		1/1 1 1					<u> </u>		
Doctor's sig	gnature in	dicates that th	ie player's he	ealth has been	examined and	he/she is	s eligible to particip	oate in this tourname	ent.		
Name Surname			Signature								
Director:			Sport school/Club Director:			Z.V.					
Coach: Doctor:							Doctor:				
Federation	General						Federation Secretary General:			Z.V.	
Federation				Federation Secretary General:			z.v.				