





Group	Country			

6th Baltic Volleyball Youth Championships for sports schools and clubs

Sport school/Club											
Players Nr.	N	lame	First	Name	Birth Da Dd/mm/		Height	Weight	License Nr.	Position	Remarks about Health Status
Doctor's sig	nature in	dicates that th	e player's he	alth has been	examined and	he/she is	eligible to particip	ate in this tournam	ent.		
	Name Surname			Signature:							
Director:							Sport school/Club Director:		z.v.		
Coach:							D (
Doctor:							Doctor:				
Federation Secretary G	eneral					Federation Secretary General:			Z.V.		