



ALPE WATERPOLO LEAGUE

TEAM REGISTRATION FORM

Team : _____

Game: _____

Date: _____

Cap number	Name and surname
1 goalie	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13 goalie	

Officials on the bench:

Head coach	
Assistant coach	
official	

Head coach is responsible that registration form is according to regulations of AWL.

Controller – delegate approves registration form:

Name and surname	Date	signature
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