BLUE STONES CUP

Registration Form

Club / Team	_____
Country	_____
Coach	_____
Team Name	_____
Category	_____
Athletes (Name / Year / Weight)	
1.	_____
2.	_____
3.	_____
4.	_____
5.	_____
Phone	_____
E-mail	_____
Emergency Contact	_____
Signature	_____ Date: _____

Organizer: Blue Stones Cup • Sliven, Bulgaria