

Team captain mobile phone number _____

Team captain e-mail address _____



**BUHURT
LEAGUE**

Team: _____

to participate in the tournament

#	Name and surname	Fighter's birthdate	Gender	Authenticity Commission	Medical check
1					
2					
3					
4					
5					
6					
7					
8					

Doctor

Doctor's name

Stamp and signature

Authenticity
Commission

Representative's name

Signature

Team captain

Captain's name

Signature

Organizer

Manager's name

Signature