

CODE:



TEAM REGISTRATION

[illegible]

1 Signature	TEAM MANAGER	3 ASSISTANT COACH	CHOICE OF UNIFORMS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center; padding: 5px;">1</td> <td style="width: 90%; height: 40px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">2</td> <td style="height: 40px;"></td> </tr> <tr> <td style="text-align: center; padding: 5px;">3</td> <td style="height: 40px;"></td> </tr> </table>	1		2		3	
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2 Signature OFFICIALS 7 AND 8 ARE ONLY ACCREDITED IF NECESSARY PAYMENTS TO THE ORGANIZER HAVE BEEN MADE	HEAD COACH	4 DOCTOR ID 5 PHYSIOTHERAPIST ID 6 TRAINER ID 7 JOURNALIST/ STATISTICIAN 8 SUPPORT STAFF 9 SUPPORT STAFF	THIS FORM MUST BE PRESENTED BY THE TEAM TO THE NORCECA DELEGATE DURING THE PRELIMINARY INQUIRY						