**ORSZÁGH CUP 2025 – 3 vs. 3**

**TEAM ROSTER**

|  |
| --- |
| **TEAM LOGO** in **jpg.** or **png.** format |

**TEAM NAME:**

**Contact person:**

**Phone of contact person:**

**Address of contact person:**

|  |  |  |  |
| --- | --- | --- | --- |
| **N.** | **Surname and name** | **Residential address** | **Nationality** |
| **1.** | Mark the goalkeeper – (G) |  |  |
| **2.** |  |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |
| **11.** |  |  |  |
| **12.** |  |  |  |
| **13.** |  |  |  |
| **14.** |  |  |  |
| **15.** |  |  |  |

**Note:** maximum number of players on the roster is **15.**

**Send completed roster until 7.5. 2025** **to the email: mancelvladimir@gmail.com**

**Name of the team leader / captain:**