**ORSZÁGH CUP 2025 – 5 vs. 5**

**TEAM ROSTER**

**TEAM NAME:**

**Contact person:**

**Phone of contact person:**

**Address of contact person:**

|  |  |  |  |
| --- | --- | --- | --- |
| **N.** | **Surname and name** | **Player position** (G, D, F) | **Jersey number** (optional – can be reported before the start of the match) |
| **1.** | **Mark the captain „C“** |  |  |
| **2.** | **Mark 2 assistants „A“** |  |  |
| **3.** |  |  |  |
| **4.** |  |  |  |
| **5.** |  |  |  |
| **6.** |  |  |  |
| **7.** |  |  |  |
| **8.** |  |  |  |
| **9.** |  |  |  |
| **10.** |  |  |  |
| **11.** |  |  |  |
| **12.** |  |  |  |
| **13.** |  |  |  |
| **14.** |  |  |  |
| **15.** |  |  |  |
| **16.** |  |  |  |
| **17.** |  |  |  |
| **18.** |  |  |  |
| **19.** |  |  |  |
| **20.** |  |  |  |
| **21.** |  |  |  |
| **22.** |  |  |  |

**Note:** maximum number of players on the roster is **22.**

**Send completed roster and TEAM LOGO until 2.6. 2025 to the email: mancelvladimir@gmail.com**