



**5<sup>th</sup> INTER SCHOOL HANDBALL TOURNAMENT – 2019**

**01<sup>st</sup> April – 02<sup>nd</sup> May 2019/MALE' CITY**

**DELEGATION ALBUM FOR REGISTRATION**

**Handball Team of:**

**Age Group: [U15] [U17] [U19]**

**Officials**

**HEAD COACH**  
(Name)

**ASSISTANT COACH**  
(Name)

**MANAGER**  
(Name)

**FIRST - AID**  
(Name)

**Name and title of the Team's Responsible Person: .....**

**Signature: .....**

**School Stamp:**

