

2018 BCN CUP

10th Edition



PARTICIPATING FORM

TEAM NAME:	
COUNTRY:	
LADIES /MEN:	
CONTACT PERSON:	
ADDRESS:	
EMAIL:	
PHONE:	
OTHER:	
Nº OF PLAYERS:	
NAMES OF TWO REFEREES PROVIDED:	

DATE AND PLACE

TEAM CAPTAIN SIGNATURE

Send as soon as possible to:
info@barcelonarugbysub.net

