

IWAS POWERCHAIR HOCKEY Sport Section of the IWAS www.powerchairhockey.org office@powerchairhockey.org



FINAL LIST

Please bring this completed form to the competition and hand over to the Jury on the Day of Control.

TEAM MANAGER	
COACH	
ASSISTANT COACH	

	Name and Surname	Playing Number
P1		
P 2		
Р3		
P 4		
P 5		
P 6		
P 7		
P 8		
P 9		
P 10		