

INTERNATIONAL POWERCHAIR HOCKEY Sport Section of the World Abilitysport www.powerchairhockey.org office@powerchairhockey.org



FINAL LIST

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

TEAM MANAGER	
COACH	
ASSISTANT COACH	

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