|  |  |  |
| --- | --- | --- |
| **nzs_znak.jpg** | **MEDOBČINSKA NOGOMETNA ZVEZA MARIBOR****MNZ Maribor, Engelsova ulica 6, 2000 Maribor** Mobitel: **031 782 191** E-pošta: **info@mnzveza-mb.si** | mnzmb-log |
| **PRIJAVA EKIPE ZA NAJMLAJŠE CICIBANE (U7)** |
|  |  |
| **Nogometni klub:** |       |
| prijavlja ekipo: |       |
| Kraj turnirja: |       | Datum turnirja: |       |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Zap. št.* |  | *Številka dresa* |  | *Priimek in ime igralca* |  | *Datum rojstva* |  | *Številka športne izkaznice* |  |
| 1 |  |       |  |       |  |       |  |       |  |
| 2 |  |       |  |       |  |       |  |       |  |
| 3 |  |       |  |       |  |       |  |       |  |
| 4 |  |       |  |       |  |       |  |       |  |
| 5 |  |       |  |       |  |       |  |       |  |
| 6 |  |       |  |       |  |       |  |       |  |
| 7 |  |       |  |       |  |       |  |       |  |
| 8 |  |       |  |       |  |       |  |       |  |
| 9 |  |       |  |       |  |       |  |       |  |
| 10 |  |       |  |       |  |       |  |       |  |
| 11 |  |       |  |       |  |       |  |       |  |
| 12 |  |       |  |       |  |       |  |       |  |
| 13 |  |       |  |       |  |       |  |       |  |
| 14 |  |       |  |       |  |       |  |       |  |
| 15 |  |       |  |       |  |       |  |       |  |

|  |  |  |
| --- | --- | --- |
| Predstavnik ekipe: |       |  |
| Trener: |       | Licenca št.: |       |
| Pomočnik trenerja: |       | Licenca št.: |       |
| Zdravniška služba: |       |  |  |
| V/na: |       | Dne: |       |  |  |
|  |  |  |  |  | *Podpis predstavnika/trenerja ekipe* |