CRITERIUM FUTSAL U12 – U13

**SAISON 2023-2024**

**LIEU PLATEAU :**  **DATE :**

**CLUB : N° EQUIPE :**

|  |  |  |  |
| --- | --- | --- | --- |
| **N° Maillot** | **N° Licence** | **NOM - PRENOM** | **OBSERVATIONS****Educateurs, Entraîneur, Dirigeants** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |
| **7** |  |  |  |
| **8** |  |  |  |
| **9** |  |  |  |
| **10** |  |  |  |
| **11** |  |  |  |
| **12** |  |  |  |
| **Nom - Prénom****de l'Educateur** |  | **N° Licence** |
| **Nom - Prénom****du Dirigeant** |  | **N° Licence** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **N° DE LICENCE** | **NOM – PRENOM** | **INTITULE DU MATCH (OBLIGATOIRE)** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |