Application form

**UNIVERSITY OF LATVIA**

**FOOTBALL LEAGUE**

International students’ team ET 2015/2016

Please fill and send application form to the e-mail: maartins.linde@gmail.com

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| **INFORMATION ABOUT PLAYER** |
| Full Name |  |
| Home Country |  |
| Date of birth  |  |
| Home University  |  |
| Faculty at University of Latvia |  |
| Study period at University of Latvia |  |
| Facebook link |   |
| Phone number(s) |  |
| How often do you play football? |  |
| How many years do you play football?  |  |
| What football team(s) have you played for and at what level of competition? |  |
| Which position do you play the best? |  |
| What is your favorite football team? |  |

More information: Martins +371 29811900, maartins.linde@gmail.com
Facebook link: https://www.facebook.com/martins.linde.3