**PALAN EXTREME**

**INFORMATION FORM**

**UNIVERSITY:**

**FACULTY:**

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| **STUDENT COMPETITORS** |  | **NAME SURNAME** | **PHONE NUMBER** | **E-MAIL** | **ADDRESS** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| **TEAM COACH** |  |  |  |  |
| **ASSISTANT STAFF** |  |  |  |  |

**Competition Co-ordinators to get information;**

|  |  |  |
| --- | --- | --- |
| NAME SURNAME | PHONE NUMBER | E-MAIL |
| Prof. Dr. Derya ÖCAL | 0532 617 56 73 | dtellan@atauni.edu.tr |
| Lokman TOPTAŞ | 0532 646 21 59 | - |