|  |  |
| --- | --- |
| NAME SURNAME |  |
| ID NUMBER |  |
| PHONE NUMBER |  |
| INSTITUTION |  |
| POSITION |  |
| COMPETITION NAME /CATEGORY |  |
| THE NAME OF THE TEAM HE/SHE IS ADVISOR |  |

 …/…/2022

TO WHOM IT MAY CONCERN

I hereby declare that all responsibility that may arise during the competition process of the team I mentioned above belongs to me as an advisor.

 ADVISOR

 NAME SURNAME

 SIGNATURE