



HOANDEDHDHOO COUNCIL

G.Dh.Hoandedhdhoo, Rep of Maldives

BAIBALAA MUBAARAAI 1444

TEAM REGISTRATION FORM

TEAM NAME

AUTHORISED PERSON*

NAME*

CONTACT NUMBER*

Signature*

I hereby authorize to register our TEAM & PLAYERS at the above mentioned Tournament

#	PLAYER NAME	ID Number	DOB	CONTACT	J No	ISLAND
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

OFFICIALS REGISTRATION

#	POSITION	NAME OF OFFICIAL	CONTACT	ID NUMBER	M. SIGN
M	MANAGER*				Signature*
C	COACH				
M	MEDICAL				
O	OFFICIAL				

TEAM UNIFORM

Shirt Colour:	Short / Tracksuit Colour:
---------------	---------------------------