



HOANDEDHDHOO COUNCIL

G.Dh.Hoandedhdhoo, Rep of Maldives

EID UFAA FUTSAL TOURNAMENT(3 ON 3 CUP 1444)

TEAM REGISTRATION FORM

TEAM NAME

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AUTHORISED PERSON*

NAME*		Signature*
CONTACT NUMBER*		

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						

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:
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