



TEAM REGISTRATION FORM



v3 07.03.22

CLOSING DATE
FOR
REGISTRATION

25 / 03 / 2022

Call 9676757

| PARTICIPATING TEAM NAME |
|-------------------------|
| |

| TOURNAMENT (Circle the Tournament registering for) | | |
|--|--------|---------|
| OPEN | OFFICE | COMPANY |

| | FULL NAME OF TEAM MANAGER or CAPTAIN | PHONE NUMBER | NATIONALITY | ID or PP No. | DATE of BIRTH |
|---|--------------------------------------|--------------|-------------|--------------|---------------|
| 1 | | | | | |
| 2 | | | | | |

| | FULL NAME OF TEAM PLAYERS (MAXIMUM 8 PLAYERS) | PHONE NUMBER | NATIONALITY | ID or PP No. | DATE of BIRTH |
|----|---|--------------|-------------|--------------|---------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |

| TEAM SIGNATURE / SEAL |
|-----------------------|
| |

| PAYMENT RECEIVED (CBM OFFICIAL USE ONLY) | |
|--|--|
| NAME | |
| ID/PP No. | |
| DATE | |
| SIGNATURE | |