

PARTICIPATING TEAM NAME

TEAM REGISTRATION FORM



TOURNAMENT (Cirlcle the Tournament registering for)

CLOSING DATE FOR REGISTRATION

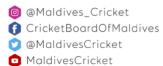
25 / 03 / 2022

Call 9676757

		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				

TEAM SIGNATURE / SEAL		

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



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