

42nd NATIONAL BADMINTON TOURNAMENT 2015
26th November - 5th December 2015, MALE' SPORTS COMPLEX

Contact Details

Team:			
Manager:		Mobile #:	
Coach:		Mobile #:	
e-mail:			
Application to be submitted before:	15th November 2015	Time:	14:00 Hrs

Gender:

No	Name	ID#	DOB	Contact No
1				
2				
3				
4				
5				
6				
7				
8				

1 DIVISION

2 DIVISION

Note:

- * MVR 1500/-for participation fee.
- * Have to attach team members ID copy with the form.
- * For more information please Call 3314057

Club Stamp

For office use Only:

Received By: Date:
 Time: Sign:

BADMINTON ASSOCIATION OF MALDIVES

42nd NATIONAL BADMINTON TOURNAMENT 2015

26th November - 5th December 2015, MALE' SPORTS COMPLEX

Contact Details of the Applicant

Name:		Gender:	
Address:		ID No:	
e-mail:		BAM #:	
Contact No:			
Coach:			
Application Form to be submitted before:	15th November 2015	Time:	14:00 Hrs

Participants Details

Event: Doubles

No	Name	ID#	DOB	Sign
1				

1 DIVISION

2 DIVISION

Note:

- * MRF 100/- participation fee.
- * Copy of your ID Card
- * For more information please Call 3314057

Applicant Sign

For office use Only:

Received By: Date:

Time: Sign:

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26th November - 5th December 2015, MALE' SPORTS COMPLEX

Contact Details of the Applicant

Name:		Gender:	
Address:		ID No:	
e-mail:		BAM #:	
Contact No:			
Coach:			
Application Form to be submitted before:		15th November 2015	Time: 14:00 Hrs

Participants Details

Event: Singles

No	Name	ID#	DOB	Sign
1				

1 DIVISION

2 DIVISION

Note:

- * MRF 50/- participation fee.
- * Copy of your ID Card
- * For more information please Call 3314057

Applicant Sign

For office use Only:

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Time: Sign:

BADMINTON ASSOCIATION OF MALDIVES

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26th November - 5th December 2015, MALE' SPORTS COMPLEX

Contact Details of the Applicant

Name:		Gender:	
Address:		ID No:	
e-mail:		BAM #:	
Contact No:			
Coach:			
Application Form to be submitted before:	15th November 2015	Time:	14:00 Hrs

Participants Details

Event: Mix- Doubles

No	Name	ID#	DOB	Sign
1				

1 DIVISION

2 DIVISION

Note:

- * MRF 100/- participation fee.
- * Copy of your ID Card
- * For more information please Call 3314057

Applicant Sign

For office use Only:

Received By: Date:

Time: Sign: