



ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ގެޒެޓްގައި ބަޔާންކޮށްފައިވާ ގޮތުގައި

VETERANS BADMINTON TOURNAMENT 2016
 26th October - 31st October 2016, Male' Kulhivaru Ekuveni

Team:	
-------	--

Application form to be submitted on or before:	20th October 2016	Time:	14:00
--	-------------------	-------	-------

Male Player 1 Name: _____ ID No.: _____ D.o.B.: _____	Male Player 2 Name: _____ ID No.: _____ D.o.B.: _____	Male Player 3 Name: _____ ID No.: _____ D.o.B.: _____	
--	--	--	--

Male Player 4 Name: _____ ID No.: _____ D.o.B.: _____	Male Player 5 Name: _____ ID No.: _____ D.o.B.: _____	Male Player 6 Name: _____ ID No.: _____ D.o.B.: _____	
--	--	--	--

Female Player 1 Name: _____ ID No.: _____ D.o.B.: _____	Female Player 2 Name: _____ ID No.: _____ D.o.B.: _____	Female Player 3 Name: _____ ID No.: _____ D.o.B.: _____	
--	--	--	--

Female Player 4 Name: _____ ID No.: _____ D.o.B.: _____	Coach Name: _____ ID No.: _____ D.o.B.: _____	Manager Name: _____ ID No.: _____ D.o.B.: _____	
--	--	--	--

APPROVED & VERIFIED by:

Name: _____

Designation: _____

Signature: _____

_____ Club Stamp

For BAM office use Only:

Received by: _____

Date: _____

Time: _____

Sign: _____

Submit the list with Approval Signature, ID Card Copies and Stamp Size Photo attached

NOTE: INCOMPLETE FORMS WILL NOT BE ACCEPTED.