



ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ދަށުން
 ދިވެހިރާއްޖޭގެ ސަރުކާރުގެ ދަށުން

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

Team:	
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Application form to be submitted on or before:	20th October 2016	Time:	14:00
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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.: _____	
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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.: _____	
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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.: _____	
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Female Player 4 Name: _____ ID No.: _____ D.o.B.: _____	Coach Name: _____ ID No.: _____ D.o.B.: _____	Manager Name: _____ ID No.: _____ D.o.B.: _____	
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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.