

## VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - 02

### TEAM REGISTRATION FORM

**ID NUMBER**  
(3 Letter code given by VAM)

**TOURNAMENT NAME**

NATIONAL VOLLEYBALL CHAMPIONSHIP 2022

**TEAM NAME**

WOMENS

#### CLUB INFORMATION

FULL NAME \*

AUTHORISED PERSON \*

CONTACT NUMBER \*

*I hereby authorize and request VAM to register our TEAM at the above mentioned Tournament*

STAMP \*

Signature \*

#	PLAYER NAME	Date of Birth	Capt. Lib.	SHIRT NO.	ID NUMBER

*Note: All players should be registered at VAM. Team Captain and Libero(s) should be identified*

#### OFFICIALS REGISTRATION

	NAME	PHONE NUMBER	ID NUMBER
M	MANAGER		
HC	HEAD COACH		
AC	ASST. COACH 1		
AC	ASST. COACH 2		
O	OFFICIAL		
M	MEDICAL		

*Note: All Officials should be registered under VAM*

#### FOR OFFICE USE ONLY

SIGNATURE / STAMP

Entered by VAM:

Date / Time