



## **VOLLEYBALL ASSOCIATION OF MALDIVES**

V A M - O2

TEAM REGISTRATION FORM  ID NUMBER (3 Letter code given by VAM)										
TOURNAMENT NAME INTER OFFICE - COMPANY CHAMPIONSHIP 2023										
OFFICE/COMPANY NAME							M	IEN'S	WOMEN'S	
INFOR	MATION							S	TAMP *	
FULL NA	AME*									
AUTHOR	RISED PERSON *									
CONTACT NUMBER * I hereby authorize and request VAM		st VAM to registe	to register our TEAM at the above mentioned Tournament				Signature *			
# F	PLAYER NAME			Date of Birth	Capt. Lib.	SHIRT NO.		I	D NUMBER	
Note: All players should be registered at VAM. Team Captain and Libero(s) should be identified										
OFFICIALS REGISTRATION										
			NAME PHONE NUM		NUMBER	ID NUMBER				
M	MANAGER									
HC F	HEAD COACH									
AC A	ASST. COACH 1									
AC A	ASST. COACH 2									
	OFFICIAL									
	MEDICAL									
Note: All Officials should be registered under VAM										
FOR OFFICE USE ONLY							SIGNATURE / STAMP			
Entered	by VAM:									
Date / Time										











