



VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - O2

TEAM REGISTRATION FORM ID NUMBER (3 Letter code given by VAM)									
TOURNAMENT NAME VOLLEYBALL ASSOCIATION CUP 2023 - MEN'S DIVISION									
OFFIC	E/COMPANY NAME						MEN'S		
INFO	RMATION							STAMP *	
FULL N	AME *								
AUTHO	DRISED PERSON *								
CONTACT NUMBER * I hereby authorize and request VAM		est VAM to registe	to register our TEAM at the above mentioned Tournament					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	
М	MANAGER								
НС	HEAD COACH								
AC	ASST. COACH 1								
AC	ASST. COACH 2								
0	OFFICIAL								
М	MEDICAL								
Note: All Officials should be registered under VAM									
FOR (OFFICE USE ONLY							SIGNATURE / STAMP	
Entere	d by VAM:								
Date /	Time								











