



VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - 02

TEAM REGISTRATION FORM	ID NUMBER <small>(3 Letter code given by VAM)</small>	
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TOURNAMENT NAME	Association Cup 2018	
DIVISION/ZONE/MEN or WOMEN	MEN	

CLUB/RESORT/OFFICE/SCHOOL INFORMATION	STAMP *
FULL NAME *	
AUTHORISED PERSON *	
CONTACT NUMBER *	

Signature *

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

#	PLAYER NAME	Date of Birth	Capt. Lib.	SHIRT NO.	VAM ID NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

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

OFFICIALS REGISTRATION

M	MANAGER			
HC	HEAD COACH			
AC	ASST. COACH 1			
AC	ASST. COACH 2			
O	OFFICIAL			
M	MEDICAL			

Note: Head Coach should be registered under VAM (both Asst. Coaches are even advised to be registered)

CLASSIFICATION OF TEAM UNIFORM

Main Uniform (Set 1)	Shirt Color:	Short / Tracksuit Color:
Second Option (Set 2)	Shirt Color:	Short / Tracksuit Color:

Note: Uniform color of Libero player(s) should be TOTALLY different from other players (Officials' & Players' uniform colors should be different)

FOR OFFICE USE ONLY

Entered by VAM:		SIGNATURE / STAMP
Date / Time		

Note: Marked fields with * must be filled and a copy of the Coach's ID Card/Passport should be submitted to VAM with the form



Association Cup

Men's Division 2018

Team Name :

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Name:
J.no:
D.O.B:

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Name:
J.no:
D.O.B:

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Manager

H. Coach

Asst. Coach - 1

Asst. Coach - 2

Official

Medical

Approved by :

Name: