

# Handball Maldives

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## 7<sup>TH</sup> HANDBALL MALDIVES CHAMPIONSHIP - 2024

### Club Participation Form

- 1 **Club Name:** .....
- 2 **Address:** .....
- 3 **Email:** .....
- 4 **Telephone:** .....
- 5 **Head coach:** .....
- 6 **Contact** .....
- 7 **Team Manager** .....
- 8 **Contact** .....

**We would like to participate in the Inter 07<sup>th</sup> Handball Maldives Championship - 2024.**

Authorized Personal: .....

Date: .....

Signature: .....

Stamp
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DIVISIONS	
WOMEN	
MEN	

**For Office Use Only:**

**Received by**

Name:

Date:

Signature:

✓ **THIS FORM SHOULD BE SUBMITTED TO HANDBALL MALDIVES BEFORE 28<sup>th</sup> May 2024**