CARROM ASSOCIATION OF MALDIVES

Youth Accommodation Block, National Stadium, Male'. e-mail: mvcarrominfo@gmail.com







PARTICIPATION FORM				
Applicant's Information	·			
Office Name:				
Address:				
Contact Person:	Email:			
Contact number(s):				
Participants		Participating Event(s)		
Name	ID Card No.	Singles	Doubles*	Team
1.				
2.				
3.				
4.				
5.				
6. (reserve)				
7. Manager				
8.Coach				
* In doubles, please indicate the pairs.				
Signature				
(د ومرد در مرد در د				
	Stamp			
Applicant Signature				
	Date:			
CANALISE ONLY				
CAM USE ONLY	Date:			
Received By:	Date.			
	Time:			
Signature:	7 11110.			