



TABLE TENNIS
ASSOCIATION
OF MALDIVES

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PARTICIPATION FORM

TEAMS 1ST DIVISION

CLUB / ORGANIZATION *(Please fill in Block letters)*

NAME: _____

TEAM MANAGER: _____ MOBILE NO: _____

EMAIL: _____

TEAM COACH: _____ MOBILE NO: _____

EMAIL: _____

PLAYER INFORMATION *(Please fill in Block letters)*

FULL NAME: _____

ADDRESS: _____

ID NO: _____ DOB: / / _____ MOBILE NO: _____

FULL NAME: _____

ADDRESS: _____

ID NO: _____ DOB: / / _____ MOBILE NO: _____

FULL NAME: _____

ADDRESS: _____

ID NO: _____ DOB: / / _____ MOBILE NO: _____

FULL NAME: _____

ADDRESS: _____

ID NO: _____ DOB: / / _____ MOBILE NO: _____

FULL NAME: _____

ADDRESS: _____

ID NO: _____ DOB: / / _____ MOBILE NO: _____

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE

NAME: _____ DESIGNATION: _____ SIGN: _____ DATE: / /

NOTE:
 1. REGISTRATION FORMS SUBMISSION DEADLINE - 14:00hrs ON or BEFORE 29 AUGUST 2024 (*Late ENTRY / AMENDMENTS till 22:00hrs*)
 2. **COMPULSORY** TO ATTACH A VALID ID CARD COPY
 3. **COMPULSORY** to ATTACH Registration Certificate of Commissioner of Sports & Valid Letter of Club Board Registration.
 4. Submit or E-mail to: ttmaldives@gmail.com