

# Handball Maldives

G.Boalhadhandu, Male' City

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## 11<sup>th</sup> National Handball Tournament 2024

### Club Participation Form

1 **Club Name:**

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2 **Address:**

.....

3 **Email:**

.....

4 **Telephone:**

.....

5 **Head coach:**

.....

6 **Contact**

.....

7 **Team Manager**

.....

8 **Contact**

.....

**We would like to participate in the 11<sup>th</sup> NATIONAL HANDBALL TOURNAMENT - 2024.**

Authorized Personal:

.....

Date:

.....

Signature:

.....

Stamp
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1 <sup>st</sup> DIVISIONS		2 <sup>nd</sup> DIVISIONS	
WOMEN		WOMEN	
MEN		MEN	

**For Office Use Only:**

**Received by:**

Name:

Date:

Signature:

✓ **THIS FORM SHOULD BE SUBMITTED TO HANDBALL MALDIVES BEFORE 06<sup>th</sup> October 2024**