



ދިވެހިރާއްޖޭގެ ބަދްމިންޓަން ގުޅުވާލާ ސަލާމް ޖަޔްދު ޖަލްޞަތު

BADMINTON ASSOCIATION OF MALDIVES

F1

Raajje Junior Badminton Championship 2026

Greater Male' Zone / Central Zone (14th - 25th June 2026 - Male Kulhivaru Ekuveni)

**THIS FORM IS TO BE FILLED AND STAMPED BY EACH PARTICIPATING SCHOOL
INCLUDE MINIMUM 8 PLAYERS IN TEAM EVENT**

TEAM LIST APPLICATION FORM

PLEASE USE BLOCK LETTERS

Circle Here →

Grade 7/8		Grade 9/10		Grade 11/12	
GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS

School :

School Authorised Personnel	Name :		[SCHOOL Stamp]
	Email Address :		
	Designation :		
	Contacts :	Mobile : Office / Home :	

Players

#	ID#	Name	Address	Date of Birth			Contact No.
				Day	Month	Year	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Team Officials	NAME	e-mail:	Contact No.
COACH			
MANAGER			

* BAM will be Coordinating with Focal Points / MANAGERS for further Clarifications * Must Include minimum 8 players in team event , For Players Eligibility, refer to Inter School Badminton Tournament Rules * list the players names as in ID card according & ensure to submit the form on or before 7th June 2026 [14:00hrs] * Incomplete forms may not be accepted. * COMPULSARY to ATTACH ID CARD COPY WITH PHOTO [Page: 2]	for BAM use only: Received by : Name Received Date : Received Time : Signature :	[BAM Stamp]
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*** For more information please Call 3314057 or email : bam3314057@gmail.com**
E-mail COMPLETED forms with ATTACHMENTS to : bam3314057@gmail.com
INCLUDE MINIMUM 8 PLAYERS IN TEAM EVENT



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BADMINTON ASSOCIATION OF MALDIVES

F4

Raajje Junior Badminton Championship 2026

Greater Male' Zone / Central Zone (14th - 25th june 2026 - Male Kulhivaru Ekuveni)

**THIS FORM IS TO BE FILLED AND STAMPED BY EACH PARTICIPATING SCHOOL
INCLUDE MINIMUM 8 PLAYERS IN TEAM EVENT**

OPENS EVENT - MIXED DOUBLES

PLEASE USE BLOCK LETTERS

Circle Here →

Grade 7/8

Grade 9/10

Grade 11/12

School :

School Authorised Personnel	Name :		[SCHOOL Stamp]
	Email Address :		
	Designation :		
	Contacts :	Mobile : _____ Office / Home : _____	

MIXED DOUBLES

#	ID#	Name	Grade / Class	Date of Birth			School
				Day	Month	Year	
1							

2							
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3							
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4							
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Team Officials	NAME	e-mail:	Contact No.
COACH			

<p>* COMPULSARY to ATTACH ID CARD COPY WITH PHOTO</p> <p>* For Players Eligibility, follow the Inter School Rules</p> <p>* OPENS Event * Singles 4 players * Doubles 4 pairs * Mix Doubles 3 pairs, for Each School</p> <p>* form to be signed and stamped by school personnel</p>	<p>for BAM use only:</p> Received by : Name _____ Received Date : _____ Received Time : _____ Signature : _____	[BAM Stamp]
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INCLUDE MINIMUM 8 PLAYERS IN TEAM EVENT
 * For more information please Call 3314057 or email : bam3314057@gmail.com

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