

64 TH NATIONAL TABLE TENNIS TOURNAMENT 2026



PARTICIPATION FORM

TEAM EVENT

CLUB / TEAM DETAILS (Please fill in Block letters)

CLUB / TEAM
NAME

TEAM MANAGER

MOBILE NO:

EMAIL

TEAM COACH

MOBILE NO:

EMAIL

CLUB / TEAM DETAILS (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

DATE / /

SIGN

STAMP

NOTE:

1. REGISTRATION FORMS SUBMISSION DEADLINE - 14:00hrs ON or BEFORE 23RD JULY 2026 -Late ENTRY / AMENDMENTS till 2200HRS)
2. COMPULSORY TO ATTACH A VALID ID CARD COPY
3. COMPULSARY to ATTACH Registration Certificate of Commissioner of Sports & Valid Letter of Club Board Registration.
4. Submit or E-mail to: ttmaldives@gmail.com