



ދިވެހިރާއްޖޭގެ ބަދްމިންޓަން ގުޅުވާލާ ޅަންދު

BADMINTON ASSOCIATION OF MALDIVES

BADMINTION ASSOCIATION MIXED TEAM CHAMPIONSHIP-2020

Male' Kulhivaru Ekuveni

Team:			
Manager:		Mobile #:	
Coach:		Mobile #:	
First Aid:		Mobile #:	
e-mail:			

Application Form to be submitted on or before: 16th December 2020	Time:	14:00hrs
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#	BAM#	Full Name (as it is on ID Card)	Gender (M/F)	BAM# Expiry Date	ID Card No./ PP No.	DOB
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

APPROVED & VERIFIED BY

Name :

Designation:

Signature :

Club Stamp

For BAM office use Only:

Received By: Date:

Time: Sign:

Submit the list with minimum 4 Female & 5 Male players, Approval Signature, stamp, ID Card copies/ Passport Copies and Passport size photo sheet attached

BADMINTON ASSOCIATION MIXED TEAM CHAMPIONSHIP-2020

Team:	
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1	2	3	4
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5	6	7	8
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9	10	11	12
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FIRST AID

COACH

MANAGER

 Club Representative Signature Club Stamp

Submit the list with Passport size photo of all the participants