

HANDBALL MALDIVES

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BASIC COACHING COURSE PARTICIPATION



"For the Love of the Game"

First Name:	- Middle Name:	- Last Name:
Date of Birth:	Place of Birth:	-
Island:	- Atoll:	- City:
Nationality	ID No:	Passport No:
Address:	Height:	Weight:
Phone Number:	Viber Number:	
Other Contact:		
Medical Details:		
Work Details:		
I	agree that the information in	n this form is true and correct.
	~ :	
		ture:
	Name	