

VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - 02

TEAM REGISTRATION FORM

ID NUMBER

(3 Letter code given by VAM)

TOURNAMENT NAME

RAJJE ATOLL VOLLEYBALL TOURNAMENT 2022

DIVISION/ATOLL

ATOLL

MEN

WOMEN

Council / Island INFORMATION

STAMP *

FULL NAME *

AUTHORISED PERSON *

CONTACT NUMBER *

I hereby authorize and request VAM to register our TEAM at the above mentioned Tournament

*Signature **

#	PLAYER NAME	Date of Birth	Capt. Lib.	SHIRT NO.	ID NUMBER
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Note: All players should be registered at VAM. Team Captain and Libero(s) should be identified

OFFICIALS REGISTRATION

		NAME	PHONE NUMBER	ID NUMBER
M	MANAGER			
HC	HEAD COACH			
AC	ASST. COACH 1			
AC	ASST. COACH 2			
M	MEDICAL			

Note: Head Coach should be registered under VAM (both Asst. Coaches are even advised to be registered)

FOR OFFICE USE ONLY

SIGNATURE / STAMP

Entered by VAM:

Date / Time
