

سرَسُونَ مِن VAM/ILN/2017/08

سُرْسَوْ وَمُ وَوَعَدُ وَقَامَمُ (مَسْرَسْ مَو وِبِرَسْ) - 2017 وَمِ فَرُوْمِ وَوَّرِ فَرُّ

2017 مِنْ 31 مِنْ 2017 مِن
אר מי
השלים / הבלים
0,0%, 1,0%, 2 × 0,0 × 0,
15 مِرْسُعُ عَدِ 2017 وَ مُرِدْمَ وُوَرُوْ 12:00 وَ مُرِدِدُ
15 مِرْمُ عَامِرُ مُورِدُ مُورِدُودُ مُورِدُ م
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200 1 00 00 00 00 00 00 00 00 00 00 00 00
info@maldivesvolleyball.mv 3317015

10 مريع ما 2017

265 500 195











VOLLEYBALL ASSOCIATION OF MALDIVES

VAM-R2

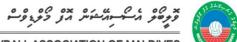
PLAYER REGISTRATI	ON FO	ORM	ID NUMBER (given by VAM)		
PERSONAL INFORMATIO	N				
FULL NAME *					
NATIONALITY *					
PERMANENT ADDRESS				F	РНОТО *
				(not	older then 3 months)
EMAIL ADDRESS					
Emergency Contact Person/Number					
VOLLEYBALL INFORMATI	ION			IDENTIFIC	CATION
INDOOR / BEACH / BOTH		SHIRT NO.		ID NO. *	
POSITION		SHIRT NAME		PP NO. *	
HEIGHT / cm		WEIGHT / kg		PP Expiry Date *	
SPIKE / cm		BLOCK / cm		D.O.B *	
VOLLEYBALL CAREER				Tel No. *	
SCHOOL / COLLEGE				Tel No.	
OR UNIVERSITY				GENDER *	M/F
HOME GROWN CLUB				REGION /	ZONE
OTHER CLUBS				Atoll	
INTERNATION CAREER	dotails or	n attached sheets if necessary		Island	
-		AL (Necessary if PLAYER is under 18	vears of age) *		
		is form is trues up to my best knowle		SIGNATURE	*
PARENT/GUADIAN'S NAME		· · ·	_		
CONTACT NO.					
PLAYER as the Guaranto	r (Neces	ssary if PLAYER is over 18 years of ag	e) *	SIGNATURE	:*
I agree all the information giv	en in thi	is form is trues up to my best knowle	edge		
NAME in Full					
FOR OFFICE USE ONLY				SIGNATURE	/ STAMP
Entered by VAM:					
Date / Time					

 $Note: \textit{Marked fields with * must be filled and a copy of the Player ID \textit{Card/Passport should be submitted to VAM with the form} \\$









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Reg	Form	

Player-1:->>>

National BEACH Volleyball Tournament -2017 20 - 31 October 2017 - Dhongandu Beach Volley Court

Division: Individual Event: Men's

Women's

Full Name:		
Permnt. Address:		<u> </u>
Nat. ID No:	Contact No:	PHOTO
Signature:		
Player-2 :		
Full Name:		
Permnt. Address:		<0
Nat. ID No:	Contact No:	PHOTO
Signature:		

Deadline 15th October 2017 12:00hrs

	CC			SA
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Recieves By: Date: Date:



