



ނަންބަރު: VAM/ILN/2017/08

ގަވާއިދު

ސަލާސިއަން ގަވާއިދު (އިންޓަރނޭޝަނަލް އިންޑޯޑޯރް ވޮލިބޯލް) - 2017 ގަވާއިދު ވަނަ ބައި

20 ޖޯޔުލް 2017 ގަވާއިދު 31 ޖޯޔުލް 2017 ގަވާއިދު	ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް:
ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް	ޖޯޔުލް ޖޯޔުލް:
އިންޓަރނޭޝަނަލް ވޮލިބޯލް	ޖޯޔުލް ޖޯޔުލް:
ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް	ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް:
15 ޖޯޔުލް 2017 ގަވާއިދު 12:00 ގަވާއިދު ޖޯޔުލް	ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް:
15 ޖޯޔުލް 2017 ގަވާއިދު 12:00 ގަވާއިދު ޖޯޔުލް	ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް:
ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް 1 ގަވާއިދު	ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް:
ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް	ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް:
info@maldivesvolleyball.mv 3317015	ޖޯޔުލް ޖޯޔުލް:

10 ޖޯޔުލް 2017

ޖޯޔުލް ޖޯޔުލް ޖޯޔުލް






VOLLEYBALL ASSOCIATION OF MALDIVES

V A M - R2

PLAYER REGISTRATION FORM

ID NUMBER

(given by VAM)

PERSONAL INFORMATION

FULL NAME *

NATIONALITY *

PERMANENT ADDRESS

EMAIL ADDRESS

Emergency Contact
Person/Number

PHOTO *

(not older than 3 months)

VOLLEYBALL INFORMATION

INDOOR / BEACH / BOTH

SHIRT NO.

POSITION

SHIRT NAME

HEIGHT / cm

WEIGHT / kg

SPIKE / cm

BLOCK / cm

IDENTIFICATION

ID NO. *

PP NO. *

PP Expiry
Date *

D.O.B *

Tel No. *

Tel No.

GENDER * M / F

REGION / ZONE

Atoll

Island

VOLLEYBALL CAREER

SCHOOL / COLLEGE

OR UNIVERSITY

HOME GROWN CLUB

OTHER CLUBS

INTERNATION CAREER

* Note: player can add more details on attached sheets if necessary

PARENT/GUARDIAN'S APPROVAL (Necessary if PLAYER is under 18 years of age) *

I agree all the information given in this form is true up to my best knowledge

PARENT/GUARDIAN'S NAME

CONTACT NO.

SIGNATURE *

PLAYER as the Guarantor (Necessary if PLAYER is over 18 years of age) *

I agree all the information given in this form is true up to my best knowledge

NAME in Full

SIGNATURE *

FOR OFFICE USE ONLY

Entered by VAM:

Date / Time

SIGNATURE / STAMP

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



National BEACH Volleyball Tournament -2017

20 - 31 October 2017 - Dhongandu Beach Volley Court

Registration Form

Individual Event: Men's Women's

Division:

Player-1 : ➤

Full Name:	<input type="text"/>	PHOTO		
Permnt. Address:	<input type="text"/>			
Nat. ID No:	<input type="text"/>		Contact No:	<input type="text"/>
Signature:	<input type="text"/>			

Player-2 : ➤

Full Name:	<input type="text"/>	PHOTO		
Permnt. Address:	<input type="text"/>			
Nat. ID No:	<input type="text"/>		Contact No:	<input type="text"/>
Signature:	<input type="text"/>			

Deadline 15th October 2017 12:00hrs

Office Use:

Recieves By:..... Signature:..... Date:.....