



HANDBALL MALDIVES

G.Boalhadhandu, Shabnam hingun Male' , Republic of Maldives
Tel: 3000500, Email: handballmaldives@gmail.com
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1 Stamp size

U17 Boys/Girls Handball Squad

REGISTRATION FORM

First Name: Middle Name:..... Last Name:.....

Date of Birth:..... Place of Birth:.....

Island:..... Atoll:..... City:.....

School: Grade:.....

Nationality:..... ID No:..... Passport No:

Address:..... Height:..... Weight:

Medical treatment history:.....
.....
.....

Parent / Guardian's

Full Name:..... Relationship:.....

Contact No: Emergency Contact No:.....

Viber Contact No

I agree that the information in this form is true and correct.

Signature of parent:

Name:

Date :

*Age criteria: Applicants should be 17 years at end of 31st December 2022 or 15 years at the end of 31st January 2022

*Please mail this form to handballmaldives@gmail.com before 24th March 2022