

## VOLLEYBALL ASSOCIATION OF MALDIVES

**V A M - 02**

### TEAM REGISTRATION FORM

**ID NUMBER**  
(3 Letter code given by VAM)

**TOURNAMENT NAME**

**VOLLEYBALL ASSOCIATION CUP 2022 - PRELIMINARY ROUND**

**TEAM NAME**

**MEN**

#### CLUB INFORMATION

FULL NAME \*

AUTHORISED PERSON \*

CONTACT NUMBER \*

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

**STAMP \***

**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		
O	OFFICIAL		
M	MEDICAL		

*Note: All Officials should be registered under VAM*

#### FOR OFFICE USE ONLY

SIGNATURE / STAMP

Entered by VAM:

Date / Time

