

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

TEAM NAME

WOMEN

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



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