

سرَسرَهُ مد: VAM/IUL/2017/09

0 # 3 A

قَوْمَعُوْ مُرْسَبِهُ حَسَرَ مَرْ وَحَوْدُ وَسَرَدُ 2017 حَسَرَ مَرَمَةً عَنْ وَحَدْ مَرَمَةً عَنْ مَوَمَ مَرَمَةً عَن مَوَمَ مَرَمَةً مُوَ حَرْدُ عَدَمَةً مَعْدَدَهِ وَحَدَّهُ مَعْدَدَهُ وَحَدَّهُ مَعْدَدَهُ وَحَدَّهُ مَعْدَدَهُ وَحَدَّهُ مَعْدَدَةً مَعْدَدَةً مَعْدَدَةً وَحَدَّهُ مَعْدَدَةً وَحَدَّهُ مَعْدَدَةً وَحَدَّهُ مَعْدَدَةً وَحَدَّهُ مَعْدَدَةً وَحَدَّهُ مَعْدَدَة مَعْدَمَةً مَعْدَدَةً وَحَدَّهُ مَعْدَدَةً وَحَدَّ مَعْدَةً وَحَدَّهُ مَعْدَةً مَعْدَةً مَعْدَدُهُ وَحَدَّهُ مَعْدَدَةً مُعْتَدًا عَدَيْمَةً مَعْدَدَة مُعْمَعُودَةً مَعْدَمُ مُعْدَدَةً مُعْدَدُ وَحَدَّةً مَعْتَنْ مَعْدَدُهُ مُعْدَدُهُ مَعْدَدُهُ مُعْدَدًا مُعَدْمُ مُعْدَمُ مُعْدَمُ مُعْدَدُهُ وَمُعْتَدُهُ مُعْدَمُ مُعْدَعُهُ مُعْدَمُ مُعْدَدُهُ مَعْدَمُ مُعْدَمُ مُعْدَمُ مُعْدَمُ مُعْدَمُ مُعْدَدًا مُعْدَمُ مُعْدَمُ مُعْدَدُ مَعْدَةً مُعْدَمُ مُعْدَمُ مُعْدَمُ مُعْدَمُ مُ مُعْدَمُ مُعْ حَدْمُ مُعْدَمُ مُعْ

ל אינו סנס נכו נכנל נסנו אסנצם כאס ננון פנ נפרע עדם פעו נתנל מחשעת התנער התציע עאנפי

14 سرود مر 2017

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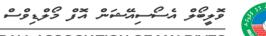


בנפר ארש צצא



1ST Floor I H.Boalhage I 2034 Abadhahufaamagu I Male' Republic of Maldives





تَدَمَر وَعُر مِرْدُ اوَسَرَ وَعِ مَسَرَ - 2017 (בר בים יש ים (פר בית בבת הב צב)

| ר 0 ג 0 היית תית | | | ۵۰۵ / ۵۵۵ مرض. ماره / ۵ ۵۶ مرشر: ماره / ۵ مرسر: |
|---------------------|-------------------------------|---|--|
| | مرد فرور 12:00 که سرمرور. | 2017 مترور ما 20 گ | רשינית הן ככן כסיכ תישיר כ כשיצמצת שת פצפרצ בתוצמ תכם מיצין: |
| | م رو فروری 12:00 م سرمریز. | 2017 ئىرۇۋەتىر 20 ئۇ | د ۵ ۵ د ، ، ، ، د ، ۵ ۵ د ، ، د د ، ، ۵ ۵ د ۵ مرد د م د م د د د د ۲ ۵ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ د ۵ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ ۲ |
| | | 2017 ئىرۇرۇھ بىر 27 گ | ۵ ۵۰ د ۱۰ رو ۵ ۵ ۱ م د ۲ د ع و بوسوع ر بر ری سری ر از مربور: پ ر |
| | يىڭر 20 ئە سرىركىتونىر | 2017 يېشى 03 م | ד 11 10 11 10 50 5 5 1 1 10 ד 10 מפת מצות מצור בגרוב הצור: יייי |
| | | سر سر: سر سر: ۱۰۵ مربی ۲۰۰۰ | |
| | . م ر م ر بر ر م ر بر | ۲- څېرو ۲- څېرو ونړ: | ר ג ג ג י שר רייק ג ד וו |
| | | ، ۵ ۵ : زم سو: سور: | |
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| | 25 | ۳ میربر: ۴ | |
| | | 77 הת בכסכם היהה | م محمد و مردود م محمد مردد م مرد مرد /3317015 / 77261 |



1ST Floor I H.Boalhage I 2034 Abadhahufaamagu I Male' Republic of Maldives

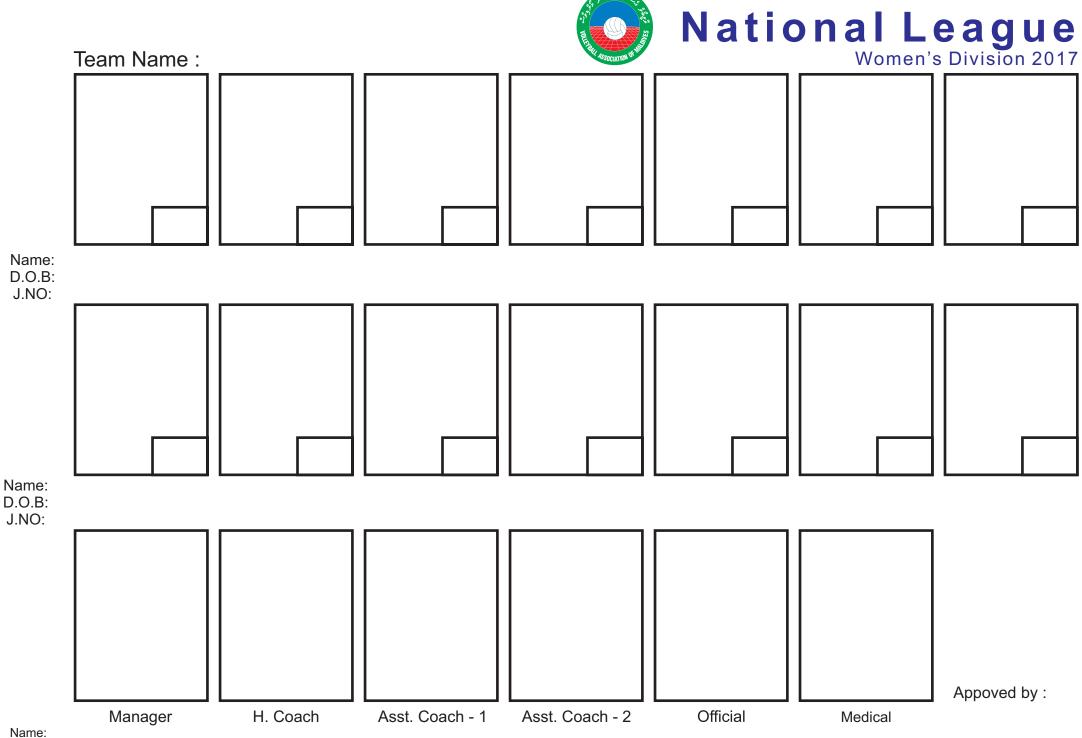


| | V A M - O2 | | | | | |
|---|---|-------------------|---------------------------------|------------|---------------|---------------|
| TEAM REGISTRATION FORM (3 Letter code given by VAM) | | | | | | |
| TOUF | RNAMENT NAME | | National League 20 | 17 | | |
| DIVIS | ION/ZONE/MEN or WOM | EN | WOMEN | 1 | | |
| CLUB | CLUB/RESORT/OFFICE/SCHOOL INFORMATION STAMP * | | | | | |
| FULL NAME * | | | | | | |
| AUTH | ORISED PERSON * | | | | | |
| CONTACT NUMBER * | | | | | <i>t</i> | Signature * |
| # | PLAYER NAME | | SHIRT NAME | Capt. Lib. | SHIRT NO. | VAM ID NUMBER |
| 1 | | | | cupt. Lib. | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
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| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| | All players should be registered | at VAM. Team Capt | ain and Libero(s) should be ide | ntified | <u> </u> | |
| OFFICIALS REGISTRATION # POSITION NAME OF OFFICIAL CONTACT VAM ID NUMBER | | | | | VAM ID NUMBER | |
| # M | POSITION | | | | | VANID NOWBER |
| НС | HEAD COACH | | | | | |
| AC | ASST. COACH 1 | | | | | |
| AC | ASST. COACH 2 | | | | | |
| | OFFICIAL | | | | | |
| M | MEDICAL | | | | | |
| Note: Head Coach should be registered under VAM (both Asst. Coaches are even advised to be registered) | | | | | | |
| CLASSIFICATION OF TEAM UNIFORM | | | | | | |
| | Main Uniform (Set 1) Shirt Color: Short / Tracksuit Color: | | | Color: | | |
| | Second Option (Set 2) Shirt Color: Short / Tracksuit Color: | | | | | |
| Note: Uniform color of Libero player(s) should be TOTALLY different from other players (Officials' & Players' uniform colors should be different) FOR OFFICE USE ONLY SIGNATURE / STAMP | | | | | | |
| | | | | | | |
| Entered by VAM: | | | | | | |
| | Note: Marked fields with * must be filled and a copy of the Coach's ID Card/Passport should be submitted to VAM with the form | | | | | |



AFFILIATED TO

اکتر ترقیریرڈ، برگزاندان کی در میڈریڈیڈ کرٹر ایر کر میڈریڈ کر میڈریڈ کر میڈریڈ کر میڈریڈ کر میڈریڈ کر میڈریڈ کر Abadhahufaamagu I Male' Tel: +960 331 7015 I Email: info@maldivesvolleyball.mv Republic of Maldives Fax: +960 331 4103 I Web: www.maldivesvolleyball.mv





V A M - R2

| PLAYER REGISTRAT | ION FORM | | | (given by VAM) | |
|---|--------------------|------------------------------|-------------------|----------------|---------------------------|
| PERSONAL INFORMATIO | ON | | | | |
| FULL NAME * | | | | | |
| NATIONALITY * | | | | | |
| PERMANENT ADDRESS | | | | | РНОТО * |
| | | | | | (not older then 3 months) |
| EMAIL ADDRESS | | | | | |
| Emergency Contact Person/Number | | | | | |
| VOLLEYBALL INFORMAT | ION | | | | IDENTIFICATION |
| 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 * Note: player can add more | details on attach | ed sheets if necessary | | | Island |
| PARENT/GUARDIAN'S A | PPROVAL (Nec | essary if PLAYER is under 1 | 8 years of age) * | | |
| I agree all the information given in this form is trues up to my best knowledge | | | | | SIGNATURE * |
| PARENT/GUADIAN'S NAME | | | | | |
| CONTACT NO. | | | | | |
| PLAYER as the Guaranto | or (Necessary if P | PLAYER is over 18 years of a | nge) * | | SIGNATURE * |
| I agree all the information gi | ven in this form i | s trues up to my best know | ledge | | |
| NAME in Full | | | | | |
| FOR OFFICE USE ONLY | | | | | SIGNATURE / STAMP |
| Entered by VAM: | | | | | |
| Date / Time | | | | | |

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



1ST Floor I H.Boalhage I 2034

1 مَن تَرَبَّرَدِ بِرِقُ، مِنْهُ مَدَّى، 2034، مَدَّعَ مَرَّرُ بُرَّدَةُ، خَرَّهُ، مِرْهَ بِرَدَّرَدَّةً Tel: +960 331 7015 I Email: info@maldivesvolleyball.mv Abadhahufaamagu I Male' Tel: +960 331 7015 I Email: info@maldivesvolleyball.mv Republic of Maldives Fax: +960 331 4103 I Web: www.maldivesvolleyball.mv



V A M - R3

| COACH REGISTRATION F | ORM ID NUMBER (given by VAM) | |
|---|---|---------------------------|
| PERSONAL INFORMATION | | |
| FULL NAME * | | |
| NATIONALITY * | | |
| PERMANENT ADDRESS | | PHOTO * |
| | | (not older then 3 months) |
| EMAIL ADDRESS Emergency Contact Person/Number | | |
| COACHING INFORMATION | | IDENTIFICATION |
| INDOOR / BEACH | WOMEN / MEN | ID NO. * |
| KIDS / YOUTH / SENIOR | NATIONAL LEVEL | PP NO. * |
| FIVB LEVEL 1 | FIVB LEVEL 2 | PP Expiry Date * |
| FIVB LEVEL 3 | OTHERS | D.O.B * |
| Note: Certificates should be submitte | a to VAM with the form | Tel No. * |
| STARTED COACHING | | Tel No. |
| ACHIEVEMENTS | | GENDER * M / F |
| | | REGION / ZONE |
| | | Atoll |
| INTERNATION CAREER | | Island |
| Note: COACH can add more details o | n attached sheets if necessary | |
| BANK / ACCOUNT DETAILS | | |
| VAM only accept Bank of Maldives Acco | unts. If A/c is not your personal then the signature of A/c holder is necessa | n SIGNATURE * |
| ACCOUNT NAME | | |
| ACCOUNT NUMBER | | |
| COACH as the Guarantor * | SIGNATURE * | |
| I agree all the information given in the | | |
| NAME in Full | | |
| FOR OFFICE USE ONLY | | SIGNATURE / STAMP |
| Entered by VAM: | | |
| Date / Time | | |

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



1ST Floor I H.Boalhage I 2034 Abadhahufaamagu I Male'

ا حَسَرُ وَمَرْدِ وِرْحَ، مَدْعَدَةَ، 2034، مَدْعَدَرُ مُرْحَدُ، حَرْمُ مِرْحَرِ مَرْجَعً Tel: +960 331 7015 I Email: info@maldivesvolleyball.mv Republic of Maldives | Fax: +960 331 4103 | Web: www.maldivesvolleyball.mv