

# MR CHAI CHON FAH VETERAN VOLLEYBALL CHALLENGE TROPHY 2008

TEAM  
PARTICULARS  
FORM

F - 1



|   |                                       |
|---|---------------------------------------|
| Team Name: <input type="checkbox"/> MEN<br><input type="checkbox"/> WOMEN | Mailing Address:                      |
| Team Manager:<br>Contact No.:   | Email Address (please write clearly): |
| Head Coach:<br>Contact No.:   |                                       |
| Assistant Coach:<br>Contact No.:  |                                       |

| Match No. | Jersey No. | Names of Player |         | Personal Data |          |             |
|-----------|------------|-----------------|---------|---------------|----------|-------------|
|           |            | Dialect Name    | Chinese | Date of Birth | NRIC No. | Height (cm) |
|           | 1          |                 |         |               |          |             |
|           | 2          |                 |         |               |          |             |
|           | 3          |                 |         |               |          |             |
|           | 4          |                 |         |               |          |             |
|           | 5          |                 |         |               |          |             |
|           | 6          |                 |         |               |          |             |
|           | 7          |                 |         |               |          |             |
|           | 8          |                 |         |               |          |             |
|           | 9          |                 |         |               |          |             |
|           | 10         |                 |         |               |          |             |
|           | 11         |                 |         |               |          |             |
|           | 12         |                 |         |               |          |             |
|           | 13         |                 |         |               |          |             |
|           | 14         |                 |         |               |          |             |
|           | 15         |                 |         |               |          |             |
|           | 16         |                 |         |               |          |             |
|           | 17         |                 |         |               |          |             |
|           | 18         |                 |         |               |          |             |
|           | 19         |                 |         |               |          |             |

\*\*Please attach photocopies of identity card or bus card of eligible players with the registration form.

I certify that the above particulars are correct and that the team will conform to the Rules and Regulations of the League.

\_\_\_\_\_  
Signature of Team Manager

\_\_\_\_\_  
Organisation Stamp

\_\_\_\_\_  
Date