

BADMINTON TOURNAMENTS 2016

Participation Form

Men **Ladies**

(Tick as appropriate)

Ministry/Department:

Name of Team:

Address:

Colour of Jerseys:

Manager: **Tel:** **Fax:**

Email Address:

Coach: **Tel:** **Fax:**

Asst. Coach: **Tel:** **Fax:**

Registered SWA Name:.....

Bank Account No.: **Bank Name:**

SINGLE ENTRIES				
IN ORDER OF STRENGTH				
Rank	NAME	DESIGNATION	PRESENT POSTING	ID NUMBER
1				
2				
3				
4				
5				
6				
7				
8				
DOUBLES ENTRIES				
IN ORDER OF STRENGTH				
1				
2				
3				
4				
5				
6				
7				
8				

.....
Signature of Team Manager

.....
Signature of Coach

.....
Signature of HR Manager

.....
Date

.....
Date

.....
Name

