

**VOLLEYBALL TOURNAMENT (LADIES) 2016**

**Participation Form**

Ministry/Department: .....

Name of Team: .....

Address: .....

Colour of Jerseys: .....

Manager: ..... Tel: ..... Fax: .....

Coach: ..... Tel: ..... Fax: .....

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

Email Address: .....

Registered SWA Name:.....

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

PLAYERS					
	FULL NAME	DESIGNATION	ACTUAL POSTING	MVBA Licenced No.	Division
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

.....  
Signature of Coach

.....  
Signature of Manager

.....  
Signature of HR Manager

.....  
Date

.....  
Date

.....  
Name

<b><u>To be completed by Ministry/Department</u></b>	
I hereby certify that the abovenamed players are officers of this Ministry/Department.	
<b>Ministry 1</b>	<b>Ministry 2 (If applicable)</b>
Ministry/Department:.....	Ministry/Department:.....
Name of Supervising Officer:.....	Name of Supervising Officer:.....
Designation:.....	Designation:.....
Signature:.....	Signature:.....
Date:.....	Date:.....