



CITY OF ADDU

the finest

10TH ATOLL LEAGUE SQUAD ENROLLMENT APPLICATION FORM

APPLICANT INFORMATION (REQUIRED)

Name:		NID/PP:
DOB:	email:	Phone:
Current address:		
Permanent Address:		

EMPLOYMENT INFORMATION (REQUIRED TO REQUEST RELEASE FOR THE TOURNAMENT PERIOD)

Current employer:		
Employer address:		
Phone:	E-mail:	Fax:
Island/City:	Atoll/State:	

EMERGENCY CONTACT (REQUIRED IN CASE OF EMERGENCY)

Name of a relative:	
Address:	Phone:
Relationship:	

PARTICIPATION AND SUCCESSES OF THE TOURNAMENTS IN THE LAST 3 YEARS

SUCCESS: PARTICIPATION, GOLD MEDAL, SILVER, BRONZE, FAIR PLAY, POSITION ATTAINED (4TH, 5TH ETC..)
Category: International, National, Local, Other

Tournament	Category	Success

SIGNATURES (REQUIRED)

The information provided in this form is true and my signature below affirms that I have understood the contents of this application in full and have no reservation to carry out my obligation as a squad member of 10th Atoll League. I understand fully that the selection will be done by the Coaching Staff.

Signature of applicant:	Date:
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FOR OFFICE USE ONLY

Received by:	Date/Time:
Name & Designation of the person accepting the form:	Signature:
Other Details: -	

