

## **TEAM REGISTRATION FORM**

Name	of Team/Organization: _		
ACRA .	/ ROS Registration No. (	(if any):	
Team Color (1):/ Team Color (2):/			
Email .	Address:		
Contact No(M)(H			
			<b>(-</b> )
Contact No(M)(F			
ı eam .			
Regis	tration of Players:		
S/No.	NAME		NRIC NO.
01			
02			
03			
04			
05			
06 07			
08			
09			
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submitting Ave, Singap 2. Team will a 3. All players heir NRIC o 4. We confirm 5. We will no abovementio 5. Any chang o a fee of Si	on fee: \$\$ 250.00 (payable during registration of players list). All payore Shopping Centre, #05-03, Singap abide to the competitions rules and regulated will have to submit an individual player Passport.  The day our players are physically fit to put hold the organizer or the FUTSAL A competition.  The period of player's registration will be allow	gistration of team (NON-REFUNDABLE). Compayment is to be made payable to ASH MEDIA AS nore 239924.  Illations set by the FUTSAL ASSOCIATION (FA). It is registration form (to include 2 copy of passpocarticipate in the abovementioned competition SSOCIATION liable for any injuries / death or loaduring the team's draw. Changes of player's regallowed once the competition has started.	Refer to rules & regulations (R&R) rt size photographs) and a photocopy of ss of property during the duration of the
Team N	Nanager Signature	Team Captain's Signature	 Date