

REGISTRATION FORM

TEAM NAME:	MEN / WOMEN
TEAM MANAGER:	PHONE No.
TEAM ADDRESS:	
Email:	PHONE No.
HEAD COACH:	PHONE No.
ASST COACH:	PHONE No.

TEAM NAME LIST

No.	JERSEY No.	Name of Players (as in NRIC/Passport)	NRIC No.	Age
1.		Captain:		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

anager Signatur	e	Team Captain Signature		
e or earlier.				
nal name list (har	d copy) to be submitted to Competition/Techni	cal Chairman at least <u>one h</u>	our before st	art of
•	ms MUST be submitted via email to volleyball	.pillarmanagement@gmail.c	com before cl	losing
	Libero:			
	15 th April, 2015. nal name list (har e or earlier.	Registration Forms MUST be submitted via email to volleyball. 15 th April, 2015. nal name list (hard copy) to be submitted to Competition/Techni	Registration Forms MUST be submitted via email to volleyball.pillarmanagement@gmail.c15 th April, 2015. nal name list (hard copy) to be submitted to Competition/Technical Chairman at least one here or earlier.	Registration Forms MUST be submitted via email to volleyball.pillarmanagement@gmail.com before class April, 2015. nal name list (hard copy) to be submitted to Competition/Technical Chairman at least one hour before stee or earlier.