

KONDEY COUNCIL

WOMEN’S VOLLEYBALL TOURNAMENT 2022

Team Name:

Team Manager:

|  |
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| / |

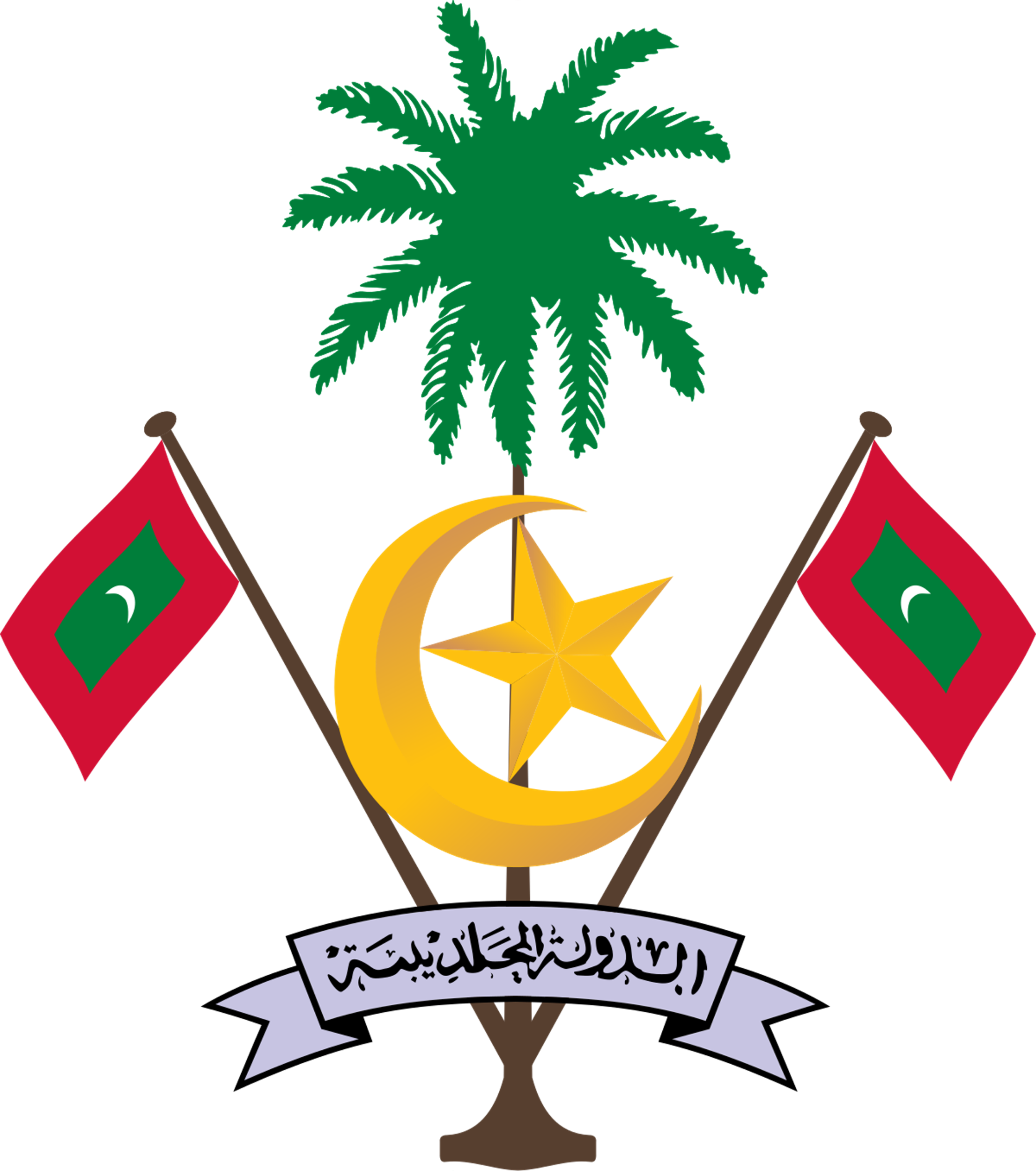
Team Jersey color(s):

Team Logo:

Team Manager’s Signature:

|  |
| --- |
| **For Official Use Only**    Form Received Date:  Form Received By: |

**\* Due date for participation: 15th June 2022**



KONDEY COUNCIL

WOMEN’S VOLLEYBALL TOURNAMENT 2022

Team Name:

**Players**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NO | PLAYER NAME | JERSEY NUMBER | ID CARD NO | CONTACT NO | REMARKS |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |

**Officials**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NO | OFFICIAL NAME | ID CARD NO | CONTACT NO | REMARKS |
| 1 |  |  |  | Manager |
| 2 |  |  |  | Coach |
| 3 |  |  |  | Medical |
| 4 |  |  |  | Official |

NOTE:

* Mention LIBERO in remarks
* All players and officials ID card copy, must be attached with the team list
* For more info, please Contact 6820019