



KONDEY COUNCIL

WOMEN'S VOLLEYBALL TOURNAMENT 2022



Team Name:

Team Manager:

Team Jersey color(s):

Team Logo:

Team Manager's Signature: _____

<u>For Official Use Only</u>	<input type="text"/>
Form Received Date: _____	
Form Received By: _____	

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



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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