

— Form Serial No: ———	
Registration No:	

## **TEAM REGISTRATION FORM**

PLEASE WRITE LEGIBLY IN ENGLISH AND ALL CAPITALS

		_,					
	Club/Institution Name:						
	Address:						
City: P				Pincode:			
	Contact No:	ntact No: 0832 - Mobile No:					
	Email ID:	mail ID: No of Court(s) accessible:					
	Gender: M/F						
"Home" Venue Address:							
Coach's Name: Mobile			obile No:				
Manager's Name:			Mo	Mobile No:			
	Sr. No.	Player's Full Name		Date of Birth	Signature		
	01						
	02						
	03						
	04						
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	09						
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I hereby certify that the above players are registered in no other team. They are in good health and they are competing entirely on their own risk. They will adhere to the rules and regulations set by the GBA for the administration of Basketball in Goa.

Club Seal