



REGISTRATION FORM

PLEASE WRITE LEGIBLY IN ENGLISH AND ALL CAPITALS

Given/First NAME:

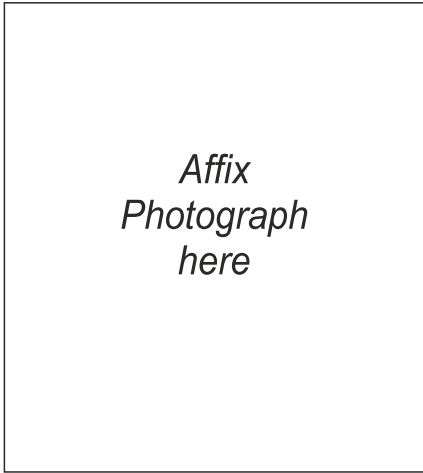
Middle NAME:

Family/Last NAME:

Date of Birth (DOB):

Current School/College/Institution:

Gender: M/F



Height (Cm):

Weight (Kg):

Kit Size:

Years of Basketball Playing Experience (No.):

Position (PG, SG, G, SF, PF, F, C):

Home Address:

City/State:

Pincode:

Email ID:

Contact No: 0832 - Mobile No:

Declaration

I hereby declare, that I love the sport of basketball, and I am fit to participate in the intensive camp to be organised from 20th to 30th of October 2017.

Signature of Participant



Affiliated to FIBA-FIBA ASIA
Affiliated to Basketball Federation of India BFI
GOA BASKETBALL ASSOCIATION