

Registration No: _____

Form Serial No: _____

25TH ALIENS BASKETBALL TOURNAMENT

is the

STATE YOUTH CHAMPIONSHIP 2018



TEAM REGISTRATION FORM

PLEASE WRITE LEGIBLY IN ENGLISH AND ALL CAPITALS

14TH TO 18TH AUGUST 2018



Affiliated to Basketball Federation of India BFI

**GOA
BASKETBALL
ASSOCIATION**

School/Institution/Club Name: _____

Address: _____

City: _____

Pin: _____

Telephone: _____

Fax: _____

Email: _____

Coach's Name: _____

Mobile: _____

Sr. No.	Player's Full Name	Date of Birth	Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10			
11			
12			

I hereby certify that all the above players are in good health, free from disease and physically fit to compete in the Basketball Tournament. They are competing entirely at their own risk & responsibility and the organizers are neither responsible for any injury that may befall them. GBA is not responsible for any liabilities on their behalf.

School/Institution/Club
SEAL

Principal/Manager/President/Secretary

Last Date 12th August 2018