**ENTRY FORM**

Kindly type the details and mail it to goabasketballassociation@gmail.com

or whatsApp to contacts on the main poster.

|  |  |
| --- | --- |
| TEAM NAME |  |
| Coach Name |  |
| Coach Contact |  |
| Email ID  |  |
| Mobile No for INFO |  |

**PLAYER DETAILS**

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| --- | --- | --- | --- |
| *Sr. No.* | *Name of Player* | *Date of Birth* | *Jersey No* |
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Note:

* Kindly add a valid Mobile Number of the Coach/Contact where Tournament details can be communicated to the Teams.
* Kindly email, sms, whatsApp to the contacts indicated in the main Poster.
* Jersey Number can be anything from 00 to 99
* Proof of Birth to be kept ready in case of Protest or necessity requested by Selection Committee.
* GBA Tournament Protocols to be followed strictly. No altercations with the Officials will be entertained.

SIGNATURE OF TEAM MANAGER/COACH/CONTACT