

2nd HISSAN GANDAKI FUTSAL TOURNAMENT 2080

Team Registration form

Name of the Institution:

Address:

Principal:

Contact no:

Team Coach:

Team Manager:

Team Captain:

S.N.	Players Name	Jersey No	Grade	SEE Year	Registration No	Remarks
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

We make this Declaration of truth that the information of this form are true and correct. I understand that providing false information will disqualify us in case of protest.

Signature/ Stamp