



TAMILNADU STATE VOLLEYBALL ASSOCIATION

Sub-Junior State Volleyball Championship – Pudukkottai – 22-25 Oct. 2015

PLAYERS REGISTRATION FORM

District :

Year: 2015-16

Boys / Girls

1. Name : _____ DOB _____

Address : _____

Mobile No. : _____

2. Name : _____ DOB _____

Address : _____

Mobile No. : _____

3. Name : _____ DOB _____

Address : _____

Mobile No. : _____

4. Name : _____ DOB _____

Address : _____

Mobile No. : _____

5. Name : _____ DOB _____

Address : _____

Mobile No. : _____

6. Name : _____ DOB _____

Address : _____

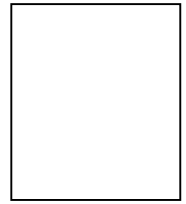
Mobile No. : _____

7. Name : _____ DOB _____

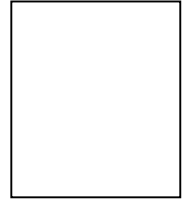
Address : _____

Mobile No. : _____

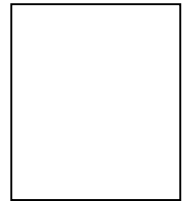
8. Name : _____ DOB _____
Address : _____
Mobile No. : _____



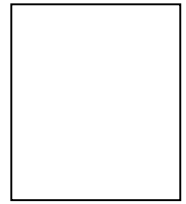
9. Name : _____ DOB _____
Address : _____
Mobile No. : _____



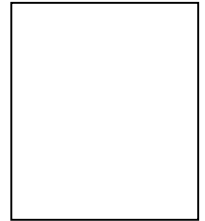
10. Name : _____ DOB _____
Address : _____
Mobile No. : _____



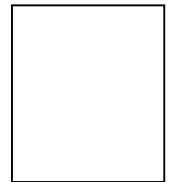
11. Name : _____ DOB _____
Address : _____
Mobile No. : _____



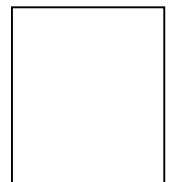
12. Name : _____ DOB _____
Address : _____
Mobile No. : _____



1. Head Coach : _____
Address : _____
Mobile No. : _____



2. Asst. Coach/Manager: _____
Address : _____
Mobile No. : _____



Date:

Seal

Secretary
District Association