

1ST UKULHAS INTERNATIONAL MASTERS TABLE TENNIS TOURNAMENT

7 - 10 APRIL 2020



PARTICIPATION FORM

Form No:

Received Date: 2 0 2 0

Completed Registration Form with a copy of Passport should be emailed to: table.tennis@ukulhascouncil.gov.mv

Please fill form in CAPITAL LETTERS

SECTION 1 - PARTICIPANTS INFORMATION

Full Name					
D.O.B		Nationality		Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Contact		E-mail			
Passport Number	<input type="text"/>				

SECTION 2 - CATEGORIES

<input type="checkbox"/> MEN'S	<input type="checkbox"/> WOMEN'S	<input type="checkbox"/> SINGLES	<input type="checkbox"/> DOUBLES	Name of Partner:	
Age Group	<input type="checkbox"/> 40+	<input type="checkbox"/> 50+	<input type="checkbox"/> 60+	Number of accompanying non-playing guests:	<input type="text"/>
T-shirt size of participant	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> other

SECTION 3 - ARRIVAL / DEPARTURE

Arrival Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	2	0	Time	
Departure Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	2	0	2	0	Time	

SECTION 4: APPLICANT CERTIFICATION

I certify the above information is correct, and have read the Responsibility Statement.	Signature		Date	<input type="text"/>	<input type="text"/>	2	0	2	0
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Additional Remarks:	
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FOR OFFICIAL USE, FORM ACCEPTED BY

Name		Signature	
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