**ARCHERYTAG TOURNAMENT REGISTRATION FORM**

**Organization/ Instituition:**



\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Team name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Category**: **SCHOOL CATEGORY**

|  |  |  |
| --- | --- | --- |
| Coach / Teacher-In-Charge | Contact No. | Email |
|  |  |  |

**Compulsory (5 Players)**

|  |  |  |  |
| --- | --- | --- | --- |
| Captain | Birth Date | Contact No. | Email |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Player’s Name | Birth Date | Contact No. |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Reserve (2 Players)**

|  |  |  |
| --- | --- | --- |
| Player’s Name | Birth Date | Contact No. |
|  |  |  |
|  |  |  |

**Payment via:**  NO PAYMENT NEEDED

(Please circle one)