



APPLICATION FORM	1			
Team/Club			Manager/Coach	
Address				Postcode
Telephone		Mobile		
E-mail				
PLAYERS REGISTRA	TION DETAILS			
Name		Date of Birtl	n School	
1				
2				
3				
4				
5				
6				
7				
8				
AGE CATEGORY	Under 11's Born after 31/08/02	Under 12's Born after 31/08/01	Under 14's Born after 31/08/99	Under 16's Born after 31/08/97
Team application form, payment o The address below or email <b>sana.</b>	f entry fee and copies of IDs miah@osmanitrust.org. Plea	for all registered players ase do not send cash thro	need to be submitted by <b>N</b> bugh the post.	Monday12 <sup>th</sup> August 2013.
			5 · · · · · · · ·	
<b>DECLARATION:</b> Signature	Name			)ate
3				

OSMANI CENTRE

58 Underwood Road, London E1 5AW

(t) 020 7247 8080 (e) info@osmanitrust.org

1 020 7247 6453 w osmanitrust.org



I declare that the above information is true. I understand that if the information is untrue then my team may be expelled from the tournament.

I also give permission for pictures to be taken and used of my team in Osmani Trust's publicity materials as and when required:







