



APPLICATION FORM

Team/Club	Age Group	Manager/Coach
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		Postcode
<input type="text"/>		<input type="text"/>
Telephone	Mobile	
<input type="text"/>	<input type="text"/>	
E-mail		
<input type="text"/>		

PLAYERS REGISTRATION DETAILS

Name	Date of Birth	School
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>
6	<input type="text"/>	<input type="text"/>
7	<input type="text"/>	<input type="text"/>
8	<input type="text"/>	<input type="text"/>

DECLARATION:

Signature	Name	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:

OSMANI CENTRE

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