

CHAMPIONSHIP						
Men		Women				
Tick '√' as appropriate						

<u>APPLICATION FOR MERCANTILE VOLLEYBALL TOURNAMENT 2025 – CHAMPIONSHIP</u>

Nan	ne of the Company :		1	Employer EPF No. :	
Tear	n Name (Optional) :	(Max. 20	characters)		
	NAME	EPF No	NIC No	WhatsApp No	Signature
01	Captain:				
02	V. Captain:				
03					
04					
05					
06					
07					
08					
09					
10					
11					
12					
	Head Coach:				
	e mention the Volleyball Tournaments you 1				
Jetai	etails of the players who have represented Sri Lanka Senior/ NAME		Category		Year
1	NOME		category		1001
2					
3					
•	We hereby certify that the information for employees of our organization, joined be We agree to abide by rules and regulation Volleball Association of Sri Lanka will be	efore 30th of April tons of the tourname	his year ent and understa		
	/Director/Head of HR/HR Manager nature & Rubber Stamp)	Date	Sigr	nature of the Captain	