

UNDER 17 BOYS TEAM REGISTRATION FORM

(This form must be completed in full and submitted with all required documents)

Team Name:					
City:		Count	County: Country:		
Team Contact Person:		ontact Person:	Phone:		
	No	NAME	D.O.B	AGE	PARENT CONTACT
	1	NAME	D.O.B	AGE	PARENI CONTACT
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	12				
	13				
	15				
	16				
	17				
	18				
	19				
	20				
COACH/MANAGER DECLARATION					
I confirm that all listed players are within the correct age for this category and that parents/guardians have consented to their participation. I understand that MOI CUP enforces strict anti-age cheating rules, may process player data for verification, and may use event photos/videos for official communication and promotion.					
Coach/Manager Name:					
Signature: Date:					
Ju					













