



MOI CUP 2025

11TH-13TH NOVEMBER 2025

ULINZI SPORTS COMPLEX - NAIROBI

UNDER 9 TEAM REGISTRATION FORM

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

Team Name: _____

City: _____ County: _____ Country: _____

Team Contact Person: _____ Phone: _____

No	NAME	D.O.B	AGE	PARENT CONTACT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

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: _____

