

COMPETITION TITLE :

GL PRINTING OPEN UNDER - 12 2009

**VOLLEYBALL ASSOCIATION
JOHOR BAHRU****ORGANISER :**VOLLEYBALL ASSOCIATION
JOHOR BAHRU**TEAM INFORMATION**

Name of Team { in BLOCK LETTERS }

Acronym

--	--	--	--

Category

Men/Boy

Women/Girl

Postal Address

Post Code

Electronic Communication

.....
Contact No......
Fax No......
Email**TEAM COORDINATOR INFORMATION**

Full Name { in BLOCK LETTERS } & STATUS

Status :

Manager


Coach

Others { pls specify }

Postal Address

Post Code

Electronic Communication

.....
Contact No......
Fax No......
Email**VERIFICATION OF THE TEAM COORDINATOR**I, hereby certify that my team mentioned as above confirm our participation in the **GL PRINTING OPEN UNDER - 12 2009** and will abide by the Rules and Regulations of the Competition

Signature


Date
NOTE : This form must reach the Organising Competition Director no later than **01.OCTOBER 2009**