

COMPETITION TITLE :

PASIR GUDANG OPEN 2009

**VOLLEYBALL ASSOCIATION
JOHOR BAHRU****ORGANISER :**VOLLEYBALL ASSOCIATION JOHOR BAHRU
MAJLIS PERBANDARAN PASIR GUDANG**TEAM INFORMATION**

Name of Team { in BLOCK LETTERS }

Acronym

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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 PASIR GUDANG OPEN 2009 Men / Women Team and will abide by the Rules and Regulations of the Competition

Signature

Date

NOTE : This form must reach the Organizing Committee no later than 10 JULY 2009