



**ATTACH  
2 PHOTOS EACH  
OF ALL  
PARTICIPATING  
MEMBERS  
(write name at the  
back of each photo)**

## **FOOSBALL REGISTRATION FORM**

Please fill in ALL the fields in the form.

Note: This is a Team based category. You need a team of two members to participate.

Team Name: \_\_\_\_\_

Team Leader Name: \_\_\_\_\_

TL Address: \_\_\_\_\_

TL Contact: \_\_\_\_\_

TL Email: \_\_\_\_\_

TL Institution: \_\_\_\_\_

Name and Contact of the other team member: \_\_\_\_\_