**PLAYER & TEAM OFFICIAL**

**ACCREDITATION FORM**

Please complete and return this form to [informacionpublica@badminton.com.gt](mailto:informacionpublica@badminton.com.gt) **,** [**gt.tecnica2023@gmail.com**](mailto:gt.tecnica2023@gmail.com) **,** [**tecnicabadguate@gmail.com**](mailto:tecnicabadguate@gmail.com)**,** [**mierjoseduardo@gmail.com**](mailto:mierjoseduardo@gmail.com) not later than **August 19, 2024 Please fill up the form and send Photo as per requirement. Please take note that we will not accept Selfie Photo. Please refer to Photo sample below.**

**This accreditation form is for Athletes, Coaches, Physiotherapists, Doctors and technical delegates.**

Please type clearly in **CAPITAL LETTERS**.

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| **Name of Member Association:** |  | | |
| **Contact Person:** |  | | |
| **MOBILE NUMBER:** |  | **PHONE NUMBER:** |  |
| **E-MAIL:** |  | | |

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| **No.** | **FULL NAME** | **Official Position**  (Player, Coach, Physiotherapist, Nutritionist, Masseur, etc.) |
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**SAMPLE :**





**LEE CHONG WEI**

**MALAYSIA**

**NAME**

**COUNTRY**

**Kevin Cordón**

**Guatemala**

**NAME**

**COUNTRY**

**NAME**

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