

**PLAYER & TEAM OFFICIAL**

**ACCREDITATION FORM**

Please complete and return this form to [**fedebadgt@gmail.com**](mailto:fedebadgt@gmail.com)[**tecnicabadguate@gmail.com**](mailto:tecnicabadguate@gmail.com) no later than **Tuesday, October 11th. 2022**

**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.**

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**

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