**PLAYER & TEAM OFFICIAL**

**ACCREDITATION FORM**

Please complete and return this form to **fedebadgt@gmail.com****,** **gt.tecnica2023@gmail.com** **,** **tecnicabadguate@gmail.com** not later than **October 25, 2023 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**.

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

|  |  |  |
| --- | --- | --- |
| **No.** | **FULL NAME** | **Official Position**(Player, Coach, Physiotherapist, Nutritionist, Masseur, etc.) |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

|  |  |  |
| --- | --- | --- |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |
| 22 |  |  |
| 23 |  |  |
| 24 |  |  |
| 25 |  |  |

**SAMPLE :**



**LEE CHONG WEI**

**MALAYSIA**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**

**NAME**

**COUNTRY**