Team Registration Form
Sub-Cadets

TEAM INFORMATION

Team Name:

Coach Name: Contact Number:

Email Address:

Starting Players

No.	Full Name	Jersey Number	Date of Birth	Nationality
1				
2				
3				
4				

SUBSTITUTE PLAYERS

No.	Full Name	Jersey Number	Date of Birth	Nationality
1				
2				
3				

TEAM OFFICIALS

Position	Full Name	Contact No.	Instagram
Head Coach			
Team Manager			
Medical Officer			

PLAYER DECLARATION

We hereby confirm that all information provided in this registration form is true and accurate. All registered players and substitutes agree to comply with the official rules, regulations, safeguarding policies, disciplinary codes, and decisions of the World Mini Mini Football. (WMMF).

The team also confirms that all players are medically fit to participate and that the team accepts full responsibility for insurance, player conduct, and participation in the competition.

TEAM APPROVAL

Name:

Signature: Date: