

VOLLEYBALL FEDERATION OF INDIA

16th SENIOR NATIONAL BEACH VOLLEYBALL CHAMPIONSHIP
For Men & Women
Kozhikode, KERALA
03-05 March, 2016

Beach Volleyball Team's Entry Form

Each	State Association	willing to	participate	must fill i	n the fo	rm for te	ams c	oncerned	and
return	to VFI.								

NOTE: Mention C for captain			
	TEAMS		
State Association Name	:		
Mobile Number	: 0 94471 28150	E Mail:	nalakathb@gmail.com
Contact Person	: Prof. Nalakath Basheer		
Date	: 03 to 05 March 2016		
Venue	: Kozhikode Beach		
Event Office	rasingh.jakhar@gmail.com : Kozhikode Beach.	1	
E mail	: beachvfi@gmail.com / vf		mail.com,
etuin to vi i.			

TEAM	NUMBER	NAME	SHIRT # (1 or 2)
	1		
TEAM (MEN)			
	2		
TEAM (WOMEN)	1		
	2		
OFFICIAL	Mr. / Ms.		
COACH	Mr. / Ms.		
	Travel It	inerary of the Teams & Officials	
Arrival by Air / Ti Arrival Date & Ti	rain / Bus/Own Vehicle me :		
Signature & Se	al of the State Associ	ation President / Secretary	SEAL

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