

UNDER 7 TEAM REGISTRATION FORM

(This form must be completed in full and submitted with all required documents)

Team Name:				
City:	ty: County: County: Country:			ntry:
Team Contact Person:		Phone:		
No	NAME	D.O.B	AGE	PARENT CONTACT
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
COACH/MANAGER DECLARATION				
I confirm that all listed players are within the correct age for this category and that parents/guardians have consented to their participation. I understand that MOI CUP enforces strict anti-age cheating rules, may process player data for verification, and may use event photos/videos for official communication and promotion.				
Coach/Manager Name: Signature: Date:				
Jubilee KENYA LIAISON KENYADARY BOARD Bellerouze				