



INDIAN SOCIAL CLUB, SOHAR

9 – A- SIDE FOOTBALL TOURNAMENT



ENTRY FORM

I, the team Manager, hereby declare that, players listed below are medically fit and I take full responsibility for my players. I would also like to state that the rules of the tournament are read, understood and agreed without reservation.

Team Name :

Manager : Tel#:

Sr. No.	Name of Player	Nationality	Signature
1			
2			
3			
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12			

Manager's Signature:

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