



TEAM REGISTRATION FORM

Team Name: _____

Organization: _____

Team Manager's Name (will be the contact person): _____

Captain Name: _____

Contact Details: Address: _____

Emirate: _____ P.O. Box# _____

Ph (Office): _____ Mbl: _____ Alternate Contact# _____

Email: _____

Participation Fee: AED 3,000

100% payment at the time of registration.

Mode of Payment: Cash _ Cheque _ Cr. Card _ Telegraphic Transfer

A payment invoice can be issued on request.

The fee includes the team registration and participation fee, match & venue cost.

Terms & Conditions:

Submission of this registration form means your agreement to the below tournament terms & conditions:

- You have been authorized by the organization to represent the company in this league (authorization letter on letter head required)
- All teams must abide by the tournament rules and regulations laid down by DSC Football Academy.
- A team is only allowed to register a maximum of 12 players.
- A player can only participate or register from one team during the tournament.
- DSC Football Academy reserves the right to accept or reject the application.
- Dubai Sports City Football Academy will not be responsible for any injuries caused to the players during their participation in the tournament.

Signature of Authorized Person

Date



SQUAD LIST

Match#: _____ Date: _____

Team Name: _____

S.No.	Name [As it appears on the passport]	Shirt#	Contact Number	E-mail Address
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Team Captain

Date