**Please fill this form electronically and email this completed form, together with the players headshot in JPEG format and club logo in AI format to** [**paulng@bas.org.sg**](mailto:paulng@bas.org.sg)**.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Team Name: |  |  | 3-Letter Code: |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S/N** | **Family Name / Last Name** | **Given Name / First Name** | **Jersey No.** | **Date of Birth** | **NRIC (Last 4 Digits)** | **Nationality** | **Height** | **Weight** | **Position** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Team Manager: |  |  | Head Coach: |  |
| Coach: |  |  | Coach: |  |
| Team Official: |  |  | Team Official: |  |

The following person(s) will be the contact personnel and shall be included in all relevant communication:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Name: |  |
| Role: |  |  | Role: |  |
| Email: |  |  | Email: |  |
| Mobile: |  |  | Mobile: |  |

I, the undersigned, hereby certify that our team will be represented in this competition by the officials and athletes registered in this form. I declare that I have full knowledge and will accept and comply with the provisions set out in this competition’s rules & regulations. I acknowledge and indemnify Basketball Association of Singapore and all associated staffs and volunteers from any loss, damage, injury, disability, death or claim arising in connection to this competition.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Team Manager or  Official Team Representative |  | Name of Team Manager or Official Team Representative |  | Date |

**Deposit Refund**

Please indicate the full name of the payee for the deposit refund. Please note that the payee name has to be according to the name on bank account.

|  |  |
| --- | --- |
| Name of Payee |  |
| Team Name |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature of Team Manager or  Official Team Representative |  | Name of Team Manager or Official Team Representative |  | Date |