



## 3X3 Entry Form

**D 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 [tournament@bas.org.sg](mailto:tournament@bas.org.sg).**

Team Name: \_\_\_\_\_

3-Letter Code: 

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S/N	Family Name / Last Name	Given Name / First Name	Jersey No.	Date of Birth	NRIC/FIN (Last 4 Digits)	Nationality	Height	Weight	Position
1									
2									
3									
4									

Team Manager: \_\_\_\_\_

Head Coach: \_\_\_\_\_

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: \_\_\_\_\_

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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