BARBADOS INTERNATIONAL MASTERS FOOTBALL FESTIVAL
TEAM REGISTRATION FORM – OVER 40'S TOURNAMENT

TEAM NAME:_____

KIT COLOURS: **SHIRTS**: _____ **SHORTS**:_____ **SOCKS**:_____

CHANGE OF KIT: **SHIRTS**:_____**SHORTS**:_____ **SOCKS**:_____

MANAGER/COACH:_____

ADDRESS:_____

_____

EMAIL:_____

TEL NO:_____**FAX NO**:_____

NO.	PLAYERS NAMES	DATE OF BIRTH	AGE ON 31st DEC.
1			
2			
3			
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30			

NB: ALL REGISTERED PLAYERS **MUST** BE 40 YEARS OF AGE OR OVER ON OR BEFORE 31ST DECEMBER OF THE RELEVANT FESTIVAL YEAR. PROOF OF AGE (PASSPORT OR OTHER FORM OF PICTURE IDENTIFICATION) **MUST** BE MADE AVAILABLE AT THE FESTIVAL COMMITTEE'S REQUEST. ANY PLAYER FOUND TO BE IN BREACH OF THIS FIRM RULING WILL RESULT IN THE ENTIRE TEAM BEING DISQUALIFIED FROM THE FESTIVAL.