



Windhoek City Police

COMMUNITY GAMES TEAM REGISTRATION FORM

Return to City Police Headquarter

Sport Code: _____ Date: _____

Team Name: _____ Constituency: _____

Captain's Name: _____ ID: _____

Cell: _____ Email: _____

Instructions:

1. Team's must complete this registration form and return it to the City Police Headquarter before/on 08th November 2018.
2. In order for a team to reserve a spot in the tournament, the team registration form must be completed in its entirety.
3. Each team captain must attend the captain's meeting on the 09th November 2018 @ 09:00 am for the desired sport code. Failure to attend the meeting will result in a loss of participation.

Printed Name: _____ Signature: _____ Date: _____

TEAM NAME: _____ (names Offensive or discriminatory will not be accepted)

Team Members

- 1. (Captain) _____ ID: _____ Cell: _____ Email: _____
- 2. _____ ID: _____ Cell: _____ Email: _____
- 3. _____ ID: _____ Cell: _____ Email: _____
- 4. _____ ID: _____ Cell: _____ Email: _____
- 5. _____ ID: _____ Cell: _____ Email: _____
- 6. _____ ID: _____ Cell: _____ Email: _____
- 7. _____ ID: _____ Cell: _____ Email: _____
- 8. _____ ID: _____ Cell: _____ Email: _____
- 9. _____ ID: _____ Cell: _____ Email: _____
- 10. _____ ID: _____ Cell: _____ Email: _____
- 11. _____ ID: _____ Cell: _____ Email: _____
- 12. _____ ID: _____ Cell: _____ Email: _____
- 13. _____ ID: _____ Cell: _____ Email: _____
- 14. _____ ID: _____ Cell: _____ Email: _____
- 15. _____ ID: _____ Cell: _____ Email: _____

For Office Use Only

Date: ____/____/____ Time: _____ Received By: _____