



WATER POLO ACADEMY

U15 INVITATIONAL 2019 FINAL ENTRY FORM

Country	
Club Name	
Email Address	

#	Player's Name (First Name, Last Name)	Passport No.	D.O.B (DD/MM/YY)
1			
2			
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15			

Team Officials	First Name, Last Name	Mr/Mrs/Ms
Team Manager		
Assistant Manager		
Head Coach		
Assistant Coach		
Referee		

Submitted by President / General Secretary Of Club

Name: _____

Title: _____

Date: ____/____/____

Signature:

Club Seal:

Please return no later than **1st April 2019** to the organizer: Pacer Water Polo Academy

Mr. Ting Kum Luen, Manager
 Toa Payoh Swimming Complex
 Address: 301 Lorong 6 Toa Payoh Singapore 319392
 Tel: +65 96899796, Email: pacerwaterpolo@gmail.com