



IWbF University Woodball Championship 2018
19 ~ 24 July 2018



Country	
Organization	

Registration Form

No. 1	Family Name:	Given Name:
	Passport No.:	Date of Birth (dd/mm/yy):
	<input type="checkbox"/> Leader <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Player <input type="checkbox"/> Officer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Vegetarian:	Shirt Size:
No. 2	Family Name:	Given Name:
	Passport No.:	Date of Birth (dd/mm/yy):
	<input type="checkbox"/> Leader <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Player <input type="checkbox"/> Officer	Gender:
	Vegetarian:	Shirt Size:
No.3	Family Name:	Given Name:
	Passport No.:	Date of Birth (dd/mm/yy):
	<input type="checkbox"/> Leader <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Player <input type="checkbox"/> Officer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Vegetarian:	Shirt Size:
No.4	Family Name:	Given Name:
	Passport No.:	Date of Birth (dd/mm/yy):
	<input type="checkbox"/> Leader <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Player <input type="checkbox"/> Officer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Vegetarian:	Shirt Size:
No.5	Family Name:	Given Name:
	Passport No.:	Date of Birth (dd/mm/yy):
	<input type="checkbox"/> Leader <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Player <input type="checkbox"/> Officer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Vegetarian:	Shirt Size:
No.6	Family Name:	Given Name:
	Passport No.:	Date of Birth (dd/mm/yy):
	<input type="checkbox"/> Leader <input type="checkbox"/> Coach <input type="checkbox"/> Manager <input type="checkbox"/> Player <input type="checkbox"/> Officer	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Vegetarian:	Shirt Size:

(This form may be photocopied for additional use)



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Participation Form

Stroke Competition

Singles Event – Participation Fee: RM 80.00 per Participant

Men Team	Women Team
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Stroke Competition

Teams Event – Participation Fee: RM 120.00 per Team (4-6 player per team)

※ Every team member should also have registered Stroke Singles Competition.

Men Team	Women Team
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.

Stroke Competition

Mixed Doubles Event – Participation Fee: RM 80.00 per Pair

Mixed		
1	Mr.	Ms.
2	Mr.	Ms.
3	Mr.	Ms.

※One entry either from Stroke Doubles or Fairway Doubles Competition



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Participation Form

Fairway Competition

Singles Event – Participation Fee: RM 80.00 per Participant

Men		Women	
1.		1.	
2.		2.	

Fairway Competition

Mixed Doubles Event – Participation Fee: RM 80.00 per Pair

※One entry either from Stroke Double or Fairway Doubles Competition

Mixed			
1	Mr.		Ms.
2	Mr.		Ms.
3	Mr.		Ms.



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Contact Information

Name	Mr/Mrs/Ms				
Organization				Title	
Tel			Fax		
Mobile Phone			E-mail		
Address					Postcode
	City/Town		State/District		Country

Flight Information

	Flight No.	Date	Time
Arrival			
Departure			

Please note:

- The deadline for Entry is **30 June 2018**
- Please email or fax the completed above Forms to Malaysia Woodball Association. The original copy is also required to be sent (including two **Passport-Size Photos** of each participant with name written at the back) by postal mail to the following address:

Organizing Committee of IWbF University Woodball Championship 2018

Address: NO. 17, Jalan Hujan, Taman OUG, Off Jalan Klang Lama, 58200 Kuala Lumpur.

Email: woodball@gmail.com

Tel: 603-778 33668

Fax: 603-778 35772

- Remittance payable to:

A/C Name: Malaysia Woodball Association

Current A/C Number: 3117227611

Bank Name: Public Bank Berhad

Bank Branch: Taman OUG, K. Lumpur

Swift Code: PBBEMYKL

Bank Address: No.3&5, Medan Hujan Rahmat, Taman Oversea Union, 58200 Kuala Lumpur.

Name and Signature of the President or Secretary General

Name	Title	Seal Cachet
_____	_____	
Signature	Date	
_____	_____	