



Name of Member Association:			
Contact Person:			
MOBILE NUMBER:		PHONE NUMBER:	
E-MAIL:			

Schedule : 08:00 – 20:00 (Monday, Sep 29 to Tuesday, Sep 30, 2025)

[illegible]

(additional details can be submitted in other sheet of paper)

NOTES:

1. Please check the approved practice schedule at Secretariat Office.
2. Please comply with the transport schedule provided. Otherwise player/team is solely responsible on your own transportation.
3. All requests are subjected to the discretion and approval of the Tournament Referee.