**PLAYER & TEAM OFFICIAL**

**ACCREDITATION FORM**

Please complete and return this form to **fedebadgt@gmail.com****,** **gt.tecnica2023@gmail.com** not later than **August 15, 2023 Please fill up the form and send Photo as per requirement. Please take note that we will not accept Selfie Photo. Please refer to Photo sample below.**

Please type clearly in **CAPITAL LETTERS**.

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

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| **No.** | **FULL NAME** | **Official Position**(Player, Coach, Physiotherapist, Nutritionist, Masseur, etc.) |
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**SAMPLE :**



**LEE CHONG WEI**

**MALAYSIA**

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**COUNTRY**

**NAME**

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