REGISTRATION FORM

(This form must be completed in full and submitted with all required documents)

CLUB/ACADEMY _____ AGE GROUP _____

CITY _____ COUNTY _____ COUNTRY _____

MAIN COLOR _____ ALTERNATIVE COLOR _____

TEAM MANAGER _____ PHONE _____

COACH _____ PHONE _____

NO	FIRST NAME	SURNAME	DATE OF BIRTH	GENDER	GRADE	SCHOOL	PARENT CONTACT
1.							
2.							
3.							
4.							
5.							
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18.							
19.							
20.							

TEAM DECLARATION

I certify that I am the authorized representative of the above-mentioned club/academy and that I have read, understood, and agree to comply with the East Africa International Cup Rules and Regulations, including the player eligibility and age verification requirements.

I understand that any false declaration may result in disciplinary action against both the team and the club/academy.

Authorized Representative

Name: _____

Position (Head Coach / Team Manager / Club Official): _____

Signature: _____

Date: _____

Official Club Stamp (if applicable):

FOR OFFICIAL USE ONLY

Documents Verified By: _____

Position: _____

Signature: _____

Date: _____

Verification Status:

☐ Approved

☐ Pending

☐ Rejected

Comments:

_____

_____

_____