



BATANG PINOY ATHLETE ENTRY FORM

SPORT:	LGU/TEAM REPRESENTED:
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PARTICIPATION INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME
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GENDER	HEIGHT (ft., inch.)	BIRTHDATE (mm/dd/yyyy)	AGE	NATIONALITY
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PRESENT ADDRESS: _____

EMAIL ADDRESS	MOBILE NUMBER	RESIDENTIAL TELEPHONE NUMBER
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SPORTS CLUB AFFILIATION (if any) _____

I INTEND TO PARTICIPATE IN:

#	EVENTS	DISCIPLINE	CATEGORY	
			AGE	WEIGHT (kg)
1				
2				
3				
4				

IN CASE OF EMERGENCY CONTACT:

Emergency Contact Person	Relation	CONTACT NUMBER	ADDRESS
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I hereby certify that all the information above is true and correct.

Participant's Signature over Printed Name

Coach's Signature over Printed Name
Contact #:

Tournament Requirements:
Original PSA Birth Certificate _____
Medical/Waiver Form _____
Checked by: _____

Registered on: