

## BATANG PINOY 2023

## BATANG

## DELEGATION LIST

| #    | NAME  | DESIGNATION              | SPORT                              | BIRTHDATE        |         | CONTACT NUMBER                   |
|------|---|--------------------------|------------------------------------|------------------|---------|----------------------------------|
|      | (Last Name, First Name, Middle Initial)                         | (Athlete/Coach/Official) | (For Athletes and<br>Coaches Only) | (Month-Day-Year) | AGE     | (For Coaches and Officials Only) |
| 1    |   |                          |                                    |                  |         |                                  |
| 2    |   |                          |                                    |                  |         |                                  |
| 3    |   |                          |                                    |                  |         |                                  |
| 4    |   |                          |                                    |                  |         |                                  |
| 5    |   |                          |                                    |                  |         |                                  |
| 6    |   |                          |                                    |                  |         |                                  |
| 7    |   |                          |                                    |                  |         |                                  |
| 8    |   |                          |                                    |                  |         |                                  |
| 9    |   |                          |                                    |                  |         |                                  |
| 10   |   |                          |                                    |                  |         |                                  |
| 11   |   |                          |                                    |                  |         |                                  |
| 12   |   |                          |                                    |                  |         |                                  |
| 13   |   |                          |                                    |                  |         |                                  |
| 14   |   |                          |                                    |                  |         |                                  |
| 15   |   |                          |                                    |                  |         |                                  |
| 16   |   |                          |                                    |                  |         |                                  |
| 17   |   |                          |                                    |                  |         |                                  |
| 18   |   |                          |                                    |                  |         |                                  |
| 19   |   |                          |                                    |                  |         |                                  |
| 20   |   |                          |                                    |                  |         |                                  |
| END( | ORSED BY:   |                          |                                    |                  | (use an | other form if necessary)         |
| (    | Governor/Mayor/LGU Representative (Signature over printed name) | Date                     |                                    |                  |         |                                  |