

ENTRY BY NAME PER EVENT



GUIDELINES IN THE SUBMISSION OF BATANG PINOY FORM B

Each participating Local Government Unit is required to submit the ORIGINAL COPY of their Entry by Name per Event (BP Form B) with signature of their Head Coach and duly noted by the Local Chief Executive and MUST be uploaded upon the online registration of the assigned Head Coach

Names indicated herein <u>MUST</u> be consistent with the First and Last Names as they appear on the athletes' PSA Birth Certificate and with the information submitted to the Batang Pinoy Games Online Registration System. Any discrepancy will cause delay in the screening and validation of entries.

Original copies of all supporting documents including this Form must be submitted personally or thru courier to MS. AIZZABELLE ROSE R. TERRADO, Head, Screening and Validation Committee, Batang Pinoy 2024, Philippine Sports Commission, 3/F Admin Bldg., Rizal Memorial Sports Complex, Brgy. 719, Pablo Ocampo Sr. St., Malate, Manila, Philippines 1004

> Non-submission of this BP FORM B & its SUPPORTING DOCUMENTS on or before OCTOBER 15, 2024 would be construed as waiver of the LGU's privilege to participate in the Batang Pinoy 2024

| FUTSAL | | | | |
|--|------------------------------|--------------------------------|--|--------------------------------|
| | LGU NAME: | | | |
| EVENTS (Based on Technical Guidelines) | BOYS | | GIRLS | |
| | NAME | DATE OF BIRTH (Day/Month/Year) | NAME | DATE OF BIRTH (Day/Month/Year) |
| 15 UNDER (BORN 2009, 2010, 2011, 2012) | | | | |
| | 1 | | 1 | |
| | 2 | | 2 | |
| | 3 | | 3 | |
| | 4 | | 4 | |
| | 5 | | 5 | |
| | | | | |
| | 6 | | 6 | |
| | 7 | | 7 | |
| | 8 | | 8 | |
| | 9 | | 9 | |
| | 10 | | 10 | |
| | 11 | | 11 | |
| | 12 | | 12 | |
| 17 UNDER (BORN 2 | | | | |
| · | 1 | | 1 | |
| | 2 | | 2 | |
| | 3 | | 3 | |
| | 4 | | 4 | |
| | 5 | | 5 | |
| | 6 | | 6 | |
| | 7 8 | | 7 8 | |
| | 9 | | 9 | |
| | 10 | | 10 | |
| | 11 | | 11 | |
| | 12 | | 12 | |
| Note: Each team sha | ll register not more than tw | relve (12) players and no | ot more than three (3) off | icials. |
| Submitted by: Duly noted by: | | | | |
| Head Coach (Signature over printed name) | | | al Chief Executive ature over printed name) | |