

**SULAY SA FUTURO SPORTS LEAGUE**  
**Sorsogon City**

**ENTRY FORM**

**SEPAKTAKRAW**

**Team Name:** \_\_\_\_\_

**Name of School:** \_\_\_\_\_

<b>No.</b>	<b>NAME</b>	<b>DATE OF BIRTH</b> <b>mm/dd/yy</b>	<b>JERSEY NO.</b>
<b>1.</b>			
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<b>12</b>			

\_\_\_\_\_  
Coach Signature Over Printed Name

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Asst. Coach Signature Over Printed Name

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
School Head Signature Over Printed Name