



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

**ENTRY FORM**  
**SEPAKTAKRAW**

**Team Name:** \_\_\_\_\_  
**Name of School:** \_\_\_\_\_  
**ELEM. /SECONDARY:** \_\_\_\_\_

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

\_\_\_\_\_  
 Coach Signature Over Printed Name  
 Contact Number

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

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

