



**Wheelchair Basketball Federation of India**  
**4th National Wheelchair Basketball Championship for Women**  
**4<sup>th</sup> to 9<sup>th</sup> November, 2017**  
**KVBR Indoor BB stadium, Yousufgouda, Hyderabad, Telangana**  
**Entry form for state teams**

*Note – Fill up all information in capital letters. The names that you are giving here will be written in certificates. No change will be allowed once certificates are made. So, please mention all information clearly.*

State Association Name - .....

Date of registration ----- (please attach registered certificate copy or receipt for submitting application)

Email id –

Phone Number (Land line and any 2 mobile numbers with names) –

State Association official Name – (1 member allowed)

Coach name (only one coach allowed) -

Care Giver Name (only 2 care givers allowed per team) –

Players information (only 10 players allowed per team).

S.No	Name	Age	Classification No	Status (working/ studying etc.,)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Name and Signature with seal