

# The CTTA A-League Entry Form for Non-CTTA Clubs

Fax : 008610-67176053

Club Name \_\_\_\_\_ Grade(A/B) \_\_\_\_\_ Stops \_\_\_\_\_

Location \_\_\_\_\_ Team manager \_\_\_\_\_ Gender \_\_\_\_\_ Coach \_\_\_\_\_ Gender \_\_\_\_\_

Players						
No.	Name	Gender	Association	D.O.B.	Playing style	Others
1						
2						
3						
4						
5						

Contact Person \_\_\_\_\_ Tel \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_ Signature or seal of the association \_\_\_\_\_ Date (YYYY/MM/DD) \_\_\_\_\_