

The CTTA B-League Entry Form for Non-CTTA Clubs

Fax : 008610-67176053

Club Name _____ Grade _____ 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) _____