

GOVERNORS CUP

COUNTY GOVERNMENT OF NAKURU

TEAMS REGISTRATION FORM

WARD:

GENDER:

TEAM NAME:

DATE:

NO.	FULL NAME	DATE OF BIRTH	PHONE NUMBER	SIGNATURE
OFFICIALS				
1.				
2.				
3.				
PLAYERS				
1.				
2.				
3.				
4.				
5.				
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25.				
26.				
27.				

Sub County Patron

Name:

Signature:

Date:

FKF Official In charge

Name:

Signature:

Date:

Area Sports Officer

Name:

Signature:

Date:

Area MCA

Name:

Signature:

Date: