

Badminton.

TOURNAMANET DATE -		NTRY CLOSING
(This form to be submitted p	rior to 40 days before the closing o	ate of entries by the organizer)
All details need to be compl	leted in order to process this applic	ation.
Γhe President / Secretary,		SLB ID NO.
Sri Lanka Badminton		BWF ID NO.
• Passport No:	Date of Expiry:	
• N.I.C. No:	Date of Birth: _	
Permanent Address:		
• E-mail:		Mobile No:
• Other Phone No. If Any:	WhatsApp No. If	different from Mobile No:
 Name of Parent / Guardian 	:	
• Playing Category: MS	/ WS / MD / WD / XD	
CATEGORY	PARTNER'S NAME	PARTNER'S SIGNATURE
Doubles Partner		
Mixed Doubles Partner		
• Current- World Rank:	-Asia Rank:	- National Rank:
Accommodation / Lodging	/ Medical and for any other incider	to my participation for Airfare/ Board and tals. Tode of conduct of the BWF and SLB.

Sri Lanka Badminton, Maitland Place, Colombo 7, Sri Lanka. Tel: +94112686264 / +94112689525. E-Mail: info@srilankabadminton.lk

4. Specifically, I shall agree, to be accountable to always uphold and safeguard the good name of Sri Lanka



- 5. I also agree not to act in any manner which will bring the game of Badminton into disrespect.
- 6. I hereby affirm, that I am fully aware and hereby agree that any breach of the above obligations will make me liable for disciplinary action by Sri Lanka Badminton.
- 7. I agree to pay all entry fees for my participation at the tournament desk prior to the competition.
- 8.I hereby agree to pay any fines and/or penalizations imposed by the BWF / BAC or the event organizer. In the case of withdrawal of the application, I will pay SLBA a sum of Rs. 2500/= (Two Thousand Five Hundred) being the cost of administration charges. I am fully aware that failing to do so would result in me being suspended from Sri Lanka Badminton and future participation at tournaments.
- 9. I will obtain the mandatory approvals from the Ministry of Zonal Education / Ministry of Education and the necessary release letter from the Principal of my school (applicable to school children only).
- 10. I agree that Failure to comply with the above-said requirements may result in this entry not being submitted.

Letter to the Employer for duty leave. (Nan	ne of Employer:
Letter to the principal of the school:	
Date of Submission with all relevant documer	nts duly filled:
Applicant Name:	Signature:
FOR OFFICE	E USE ONLY
ecommended / Not Recommended	Recommended / Not Recommended
ns:	Reasons:
ns: Head Coach National Pool Coach	
	National Pool Training Committee Chairman Approved / Not Approved
Head Coach National Pool Coach Approved / Not Approved	National Pool Training Committee Chairman

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Entry Submission Date & Signature: ___