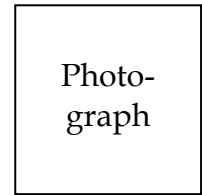


## APPLICATION FORM FOR REGISTRATION

THE HON. SECRETARY  
KERALA BADMINTON (SHUTTLE) ASSOCIATION  
'MURALIKA', CHENAKKAL  
CALICUT UNVIERSITY P.O.



DATE:

Through: Affiliated Organisations  
Sub : **Registration of Players**

I, Shri/Smt/Kum. ....  
BAI ID No (if allotted) .....of (Address) .....  
.....  
.....

hereby apply for Registration.

I shall observe and be bound by the Rules and Bye-Laws of the Association.

I enclose the registration fee of Rs.100/- for the year ending 30<sup>th</sup> June  
.....

My date of birth is .....

Father's/Mother's Name: .....

Contact Telephone Number.....

*Recommended*

*Signature of the Player*

HON. SECRETARY  
DISTRICT ASSOCIATION/CLUBS

*Please submit this form in Triplicate*