

ENTRY FORM



Name :

DOB :

KBSA ID :

Name :
(doubles partner)

DOB :

KBSA ID :

Name of Club
/School :

Address :

:

:

:

Contact No. :

Name of
Coach :

Event	Under 19 Boys	Under 17 Boys	Under 15 Boys	Under 15 Girls	Under 13 Boys	Under 13 Girls	Under 11 Boys	Under 11 Girls
Singles								
Doubles								

Declaration

I do hereby permit my ward
to participate in the Oxford Shuttle Badminton
Tournament 2023.

Date : Signature

Place : Name of Guardian