

REPUBLIC OF LIBERIA Ministry of Youth and Sports



19th Street, Sinkor Monrovia, Liberia

2016/2017 NATIONAL COUNTY SPORTS MEET

PLAYER'S REGISTRATION FORM

County:		MCKDALI		Form #
Player's Name	Last	F	irst	Middle
D (CD: 1				
Date of Birth:	Day	Month	Year	Age
Place of Birth:				
	Town	City	Count	cy/Country
Nationality:				
	LAST CLUB PL	AYED FOR IN THE L	KF NATIONAL L	EAGUE:
Club		Division	1 1 P 1	Year
Last County Playe	ed For:			
1		County		Year
		~ -	•	knowledge. Any mis <mark>lead</mark> in
		qualify me from particip rules and regulations of	-	017 National County Sport
Meet. I further agi	tee to ablue by all	rules and regulations of	the tournament.	
Signed:			Attested By:	
2	Player	Tra		County Coordinator
		1-11 No.		
		FOR OFFICIAL US	SE ONLY	
Signed:			Approved:	
Head	d of Secretariat		Chairm	an/Organizing Committee



Head of Secretariat

REPUBLIC OF LIBERIA Ministry of Youth and Sports



Chairman/Organizing Committee

19th Street, Sinkor Monrovia, Liberia

2016/2017 NATIONAL COUNTY SPORTS MEET

PLAYER'S REGISTRATION FORM

County:		FOOTBAL	<u>L</u>	Form #	
	7/4			THE PARTY	
Pla <mark>yer</mark> 's Name _		<u> </u>	irst	1010	
	Last		irst	Middle	
Date of Birth:					
	Day	Month	Year	Age	
Place of Birth: _		-11			
	Town	City	County	/Country	
Nationality:					
	LAST CLUB F	PLAYED FOR IN THE I	LFA NATIONAL LE	CAGUE:	
	100				
Club	1/1	Division		Year	
Last County Pla	yed For:				
	County		Year		
I hereby declare	e that the informat	ion being provided is tru	e to the best of my k	nowledge. Any misleading	
				17 Natio <mark>nal C</mark> ounty Sport	
Meet. I further a	igree to abide by a	ll rules and regulations of	the tournament.		
a					
Signed: Player		Attested By: County Coordinate		County Coordinator	
	114) 01			ounty coordinator	
		FOR OFFICIAL US	SE ONLY		
G: 1			A 1		
Signed:			Approved:		



REPUBLIC OF LIBERIA Ministry of Youth and Sports



Chairman/Organizing Committee

19th Street, Sinkor Monrovia, Liberia

2016/2017 NATIONAL COUNTY SPORTS MEET

PLAYER'S REGISTRATION FORM

BASKETBALL County: Form # Player's Name First Middle Last Date of Birth: Month Year Age Day Place of Birth: Town City County/Country Nationality: LAST CLUB PLAYED FOR IN THE LBF NATIONAL LEAGUE: Club Division Year Last County Played For: _ County Year I hereby declare that the information being provided is true to the best of my knowledge. Any misleading information shall automatically disqualify me from participating in the 2016/2017 National County Sports Meet. I further agree to abide by all rules and regulations of the tournament. Signed: __ Attested By: Player County Coordinator FOR OFFICIAL USE ONLY Signed: _ Approved:

Head of Secretariat



REPUBLIC OF LIBERIA Ministry of Youth and Sports



19th Street, Sinkor Monrovia, Liberia

2016/2017 NATIONAL COUNTY SPORTS MEET

PLAYER'S REGISTRATION FORM

County:	<u>VOLLEYBAL</u>	<u>.L</u>	Form #
Player's Name			- Value
Last	FII	rst	Middle
Date of Birth:	The or the		1-21
Day	Month	Year	Age
Place of Birth:	City	County	/Country
	City	County	Country
Nationality:			- Pr
LAST CL	U <mark>B PLAYED FOR IN TH</mark> E L	<mark>VF NATION</mark> AL LE	CAGUE:
Ol 1		<u>- 17 III</u>	
Club	Division		Year
Last County Played For:	Constant		
	County		Year
	ormation being provided is true		
	ally disqualify me from participa		17 Nati <mark>on</mark> al Co <mark>unty</mark> Spor
Meet. I further agree to abide	by all rules and regulations of the	he tournament.	
Signed:Player		Attested By:	County Coordinator
Flayer			county Coordinator
	FOR OFFICIAL US	E ONI V	
	FUR OFFICIAL USI	UNLI	
Signed:		approved:	
Head of Secreta			n/Organizing Committee