



**BEACH GRASSROOTS**

*(A basic beach volleyball training camp)*

July 27 - 31, MALE' - Republic of Maldives

SEX: MALE  FEMALE

DATE OF BIRTH:

FIRST NAME:

MIDDLE NAME:

FAMILY NAME:

ADDRESS:

CITY:

COUNTRY :

PHONE :

MOBILE :

FAX :

E-MAIL:

CLUB / TEAM :

PROFESSION :

WORK PLACE :

DATE :

SIGN : ..... (applicant's)

Approval of National Federation  
(only for Foreign applicants)  
Signature of Secretary General : ..... stamp