



WIFA WOMEN'S LEAGUE 2020-21

(PRE-QUALIFIERS FOR HERO IWL 2020-21)

TEAM ENTRY FORM

Name of the Club: _____

Address: _____

Email Id.: _____

Contact No.: _____

Kit Colours:

1. Home:

Jersey: _____

Shorts: _____

Socks: _____

2. Reserve:

Jersey: _____

Shorts: _____

Socks: _____

Team Officials: (*Fill in Block Letters*)

1

Name of Manager: _____

Date of Birth: _____

Contact No.: _____

AIFF Coach Portal Id.: _____

2

Name of Head Coach: _____

Date of Birth: _____

Contact No.: _____

AIFF Coach Portal Id.: _____

3

Name of Physiotherapist: _____

Date of Birth: _____

Contact No.: _____

AIFF Coach Portal Id.: _____



We are affiliated to the _____

We agree to abide by the Rules governing the tournament, and to fulfil all the criteria as fixed by the Tournament Committee.

We also certify that the officials representing our team are bonafide employees of the club, and are registered on the AIFF Portal for Coaches.

Date: _____

Seal of the DFA

Name & Signature of the DFA Hon. Secretary