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| **Daddy Cool Futsal Tournament**  **OFFICIAL REGISTRATION FORM** | | Reg No. (For Official use) |
| **SECTION A** | | |
| **Team Name** : | | |
|  | | |
| **Father-Son Pair #1** | | |
| **Full Name (Father):** | **Full Name (Son):** | |
| **Birth Cert. No/NRIC/Passport No.:** | **Birth Cert. No/NRIC/Passport No.:** | |
| **Age:** | **Age:** | |
| **Date of Birth:** | **Date of Birth:** | |
| **Nationality:** | **Nationality:** | |
| **School/Organisation** (if applicable): | **School/Organisation** (if applicable): | |
| **Medical Condition (if any):** | **Medical Condition (if any):** | |
| **Contact details :** | **Contact details :** | |
| **Email address :** | **Email address :** | |
| **Address:** (current mailing address): | | |
| **Contact in case of emergency:** | | |
| **Father-Son Pair #2** | | |
| **Full Name (Father):** | **Full Name (Son):** | |
| **Birth Cert. No/NRIC/Passport No.:** | **Birth Cert. No/NRIC/Passport No.:** | |
| **Age:** | **Age:** | |
| **Date of Birth:** | **Date of Birth:** | |
| **Nationality:** | **Nationality:** | |
| **School/Organisation** (if applicable): | **School/Organisation** (if applicable): | |
| **Medical Condition (if any):** | **Medical Condition (if any):** | |
| **Contact details :** | **Contact details :** | |
| **Email address :** | **Email address :** | |
| **Address:** (current mailing address): | | |
| **Contact in case of emergency:** | | |
| **Father-Son Pair #3** | | |
| **Full Name (Father):** | **Full Name (Son):** | |
| **Birth Cert. No/NRIC/Passport No.:** | **Birth Cert. No/NRIC/Passport No.:** | |
| **Age:** | **Age:** | |
| **Date of Birth:** | **Date of Birth:** | |
| **Nationality:** | **Nationality:** | |
| **School/Organisation** (if applicable): | **School/Organisation** (if applicable): | |
| **Medical Condition (if any):** | **Medical Condition (if any):** | |
| **Contact details :** | **Contact details :** | |
| **Email address :** | **Email address :** | |
| **Address:** (current mailing address): | | |
| **Contact in case of emergency:** | | |

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| **Father-Son Pair #4** | |
| **Full Name (Father):** | **Full Name (Son):** |
| **Birth Cert. No/NRIC/Passport No.:** | **Birth Cert. No/NRIC/Passport No.:** |
| **Age:** | **Age:** |
| **Date of Birth:** | **Date of Birth:** |
| **Nationality:** | **Nationality:** |
| **School/Organisation** (if applicable): | **School/Organisation** (if applicable): |
| **Medical Condition (if any):** | **Medical Condition (if any):** |
| **Contact details :** | **Contact details :** |
| **Email address :** | **Email address :** |
| **Address:** (current mailing address): | |
| **Contact in case of emergency:** | |

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| **Father-Son Pair #5** | |
| **Full Name (Father):** | **Full Name (Son):** |
| **Birth Cert. No/NRIC/Passport No.:** | **Birth Cert. No/NRIC/Passport No.:** |
| **Age:** | **Age:** |
| **Date of Birth:** | **Date of Birth:** |
| **Nationality:** | **Nationality:** |
| **School/Organisation** (if applicable): | **School/Organisation** (if applicable): |
| **Medical Condition (if any):** | **Medical Condition (if any):** |
| **Contact details :** | **Contact details :** |
| **Email address :** | **Email address :** |
| **Address:** (current mailing address): | |
| **Contact in case of emergency:** | |

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| DECLARATION BY TEAM LEADER (Must be 21 years and above.)  Parent/Guardian to fill up the statement below accordingly. | |
| I, , (NRIC/PP No.) , \*team leader of the above named team, herby agree that we shall be subject to the Terms and Conditions for Daddy Cool Futsal Tournament.   * We consent to the use of our personal data by DFL to send marketing and advertising materials in relation to goods and services of DFL and its business partners, and for research and analysis. | |
| **Team Leader NRIC/PP No.:** | |
|  |  |
| **Team Leader Name** | **Signature of Team Leader** |



\* Please fill up this form and mail it to us along with your 1)payment and 2) registration form

**PAYMENT REQUEST FORM**

Please write in CAPITAL LETTERS. Information given on this form is private and confidential***.***

**Programme Details**

Programme Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Price of Programme: ($) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Details**  
Payment from (applicant’s name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Type (A *or* B):**

☐ BANK TRANSFER

BANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BANK ACCT NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Please make a funds transfer to our* ***DBS account number: 015-900052-4****.*

*Take a photo of the funds transfer screen/receipt and send it back to us via e-mail along with your completed registration form within 7 days when you receive our email. We appreciate a phone call/ email to keep us informed once you have emailed the documents, to help us anticipate your documents.*

By signing below, I certify that I have read this entire Centre for Fathering (CFF) Payment Agreement and Disclosure Statement, and that I Understand and agree to all of its terms.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                  \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature                                                                Date