



BVIFA Primary School League Registration Form

Name of School: _____

Date: _____

Team/Group: _____

No	First Name	Last Name	Position	D.O.B (dd/mm/yy)	Nationality
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Principal: _____

Email: _____

Phone: _____

Coach: _____

Email: _____

Phone: _____