

Country/Region
Name of Team

Address

Tel







E-mail



Application of the Gateball Competition

	lı	nformation of Player	rs for Classic	(Open))	
No		NAME	Positions	SEX	Passport	AGE
					Number	
1			Manager			
2			Coach /			
_			Caption			
3			Player 1			
4			Player 2			
5			Player 3			
6			Player 4			
7		Player 5				
8		Reserve 1				
9			Reserve 2			
10			Reserve 3			
	Information	of Accommodation (All	currencies are	in USD	/ Thai Baht)	1
	Description	Charge	Quantity		mount	Remark
	Register Fee	30 USD Per Head***	Head(s	3)	USD	
/ or	X Entry Fee	15 USD Per Head***	Head(s)		USD	
	Total	USD Per Head***	Head(s	3)	USD	
	Observer 30 USD per head		Head(s	s) USD		
	Signa		<u> </u>	Seal		
	()				
Date	e :					











Application of the Gateball Competition

Country/Region	
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Information of Players for Double (Open)

No.	Name	Positions	SEX	Passport Number	Age
1		Manager			
2		Coach / Caption			
3		Player 1			
4		Player 2			
5		Reserve 1			

Information of Accommodation (All currencies are in USD/Thai Baht)

	Description	Charge	Quantity	Amount	Remark
	Register Fee	30 USD Per Head***	Head(s)	USD	
/ or x	Entry Fee	15 USD Per Head***	Head(s)	USD	
	Total	USD Per Head***	Head(s)	USD	
	Observer	30 USD per head	Head(s)	USD	

	Signature of manager	Seal	
	()	
Date :	•	•	











Application of the Gateball Competition

Country/Region	
Name of Team	
Address	
Tel	E-mail

Information of Players for Triple (Open)

No.	Name	Positions	SEX	Passport Number	Age
1		Manager			
2		Coach / Caption			
3		Player 1			
4		Player 2			
5		Player 3			
6		Reserve 1			

Information of Accommodation (All currencies are in USD/Thai Baht)

	Description	Charge	Quantity	Amount	Remark
	Register Fee	30 USD Per Head***	Head(s)	USD	
/ or X	Entry Fee	15 USD Per Head***	Head(s)	USD	
	Total	USD Per Head***	Head(s)	USD	
	Observer	30 USD per head	Head(s)	USD	

	Signature of manager			Seal
	()		
Date :				

Information of Accommodation (All currencies are in Thai Baht) Accommodation Arrangement

Include transportation Between the Airport and The Hotel and include Breakfast

**Need / Do not need accommodation by host.(please delete as appropriate)							
Hotel	Room Type	Price per	No.of	Check-in	Check-Out	Total	Remarks
		night	Room	Date	Date	Night	
	One person						
	Twin room For 2 persons						
	Tripple room For 3 persons						

Information of Arrival/Departure

Arrival	Date	Time	Flight No.	No. of participants:
Departure	Date	Time	Flight No.	No. of participants:
(Signature of manag	ger)		Seal
Date :				