**AFC REGISTRATION FORM**

|  |  |
| --- | --- |
| **Category:** | **Please (√) appropriate box**  **Category 1: 10-12 years old**  **Category 2: 13-17 years old**    **Category 3: Above 18 years old** |
| **Country** |  |
| **State** |  |
| **Team Name** |  |
| **Contact Person Name**  **(ASTI will contact this person to give updates. Can be Teachers or Parents or Siblings)** |  |
| **Contact Person Telephone Number**  **(ASTI will contact this person to give updates. Can be Teachers or Parents or Siblings)** |  |
| **Contact Person Email ID**  **(ASTI will contact this person to give updates. Can be Teachers or Parents or Siblings)** |  |
| **Participants Name and Age**  **(Team can be consist of 2-5 people)**  **Kindly fill in your full name**  **\*Example: James John ( 15 )** | **1.**  **2.**  **3.**  **4.**  **5.** |