

AFC REGISTRATION FORM

Category	Please (√) appropriate box <input type="radio"/> Category 1: 10-12 years old <input type="radio"/> Category 2: 13-17 years old <input type="radio"/> Category 3: Above 18 years old
Country	
State	
Team Name	
Contact Person Name <small>(ASTI will contact this person to give updates. Can be Teachers or Parents or Siblings)</small>	
Contact Person Telephone Number <small>(ASTI will contact this person to give updates. Can be Teachers or Parents or Siblings)</small>	
Contact Person Email ID <small>(ASTI will contact this person to give updates. Can be Teachers or Parents or Siblings)</small>	
Participants Name and Age <small>(Team can be consist of 2-5 people)</small> Kindly fill in your full name *Example: James John (15)	<ol style="list-style-type: none"> 1. 2. 3. 4. 5.