**AFC REGISTRATION FORM**

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| **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.** |