



REGISTRATION FORM

Our company, _____, will be joining the SEIPI Badminton and Table Tennis Tournaments on November 28, 2015 (Saturday) at Winner Badminton Court, Sta. Rosa City, Laguna, with the below list of players:

BADMINTON TOURNAMENT (Please indicate your shirt size)

Men's Doubles Level A Size

1. _____

2. _____

Women's Doubles Level A Size

1. _____

2. _____

Mixed Doubles Level A Size

1. _____

2. _____

Men's Doubles Level B Size

1. _____

2. _____

Women's Doubles Level B Size

1. _____

2. _____

Mixed Doubles Level B Size

1. _____

2. _____

Team Captain: _____
(Name)

_____; _____
(E-mail Address) (Mobile Number)

TABLE TENNIS TOURNAMENT
(Please indicate your shirt size)

Men's Singles Advanced (Class A)	Size
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1. _____

2. _____

Men's Doubles	Size
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1. _____

2. _____

Women's Singles	Size
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1. _____

2. _____

Team Captain: _____
(Name)

Men's Singles Intermediate (Class B)	Size
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1. _____

2. _____

Mixed Doubles	Size
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1. _____

2. _____

_____; _____
(E-mail Address) (Mobile Number)

REGISTRATION DETAILS:

Registration deadline is on October 30, 2015 (Friday). Kindly send the accomplished form, via e-mail, to anacelle.toledo@seipi.org.ph or leila.guinto@seipi.org.ph or fax to (02) 869-000

PAYMENT INFORMATION:

You may send your payment directly to the SEIPI office or inter-branch deposit on or before November 20, 2015.

Bank Details:

Account Name: SEIPI
Account No.: 8843-1049-68
Bank: BPI
Bank Address: G/F Insular Life Building,
Corporate Avenue, Filinvest
Corporate City, Alabang,
Muntinlupa City

WAIVER/DISCLAIMER:

The organizing committee of SEIPI's 9th Badminton and 2nd Table Tennis Tournaments, and Winner Badminton Court will not be responsible for any health and medical concerns that may arise during the tournaments. It is incumbent upon the participants to make sure that they are physically fit to join in these tournaments, considering the rigorous nature of the sports. However, emergency medical kits are available for the use of players and an ambulance will be on call just in case its services are needed. There will also be a nurse-on-duty for the entire duration of the tournament.

Authorized Name & Signature

Date:

Kindly fax the validated slip to (02) 869-0000 or email to analin.lozano@seipi.org.ph. Indicate your company name and purpose of payment. Official receipt will be given during the event.