





## ENTRY FORM

NATIONAL PARA TABLE TENNIS CHAMPIONSHIPS 2024

| **Name of Team Manager / Person-in-Charge** |  |
| --- | --- |
| **Organization / School**  |  |
| **Contact Number** | **(Office)** | **(Mobile)** |
| **Email** |  |  |

**Please refer to entry information given for table of events and classification.**

**Entries will be void if the events and classification registered is/are not in accordance to the entry’s specifications**

**Please enter clearly and duplicate form for additional participants, if necessary.**

**PARTICIPANTS**

| **No** | **Participant Full Name** | **Age** | **Gender** | **Citizen/ PR/ Foreigner** | **Age Group** | **Sport Class** |
| --- | --- | --- | --- | --- | --- | --- |
| *E.g 1.* | *Tan Kim Yi* | *17* | *F* | *Citizen* | *U20* | *TT5* |
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**OFFICIALS**

**Officials eligible for accreditation:**

* **Team Manager (TM)**
* **Coach (C)**
* **Caregiver (CG) (Limited to participants who require additional physical or social assistance; capped at 1 caregiver per participant)**

**\*** To align with the capacity of Field of Play, SDSC reserves the right to issue the number of passes to the application.

| **No** | **Official Full Name** | **Gender** | **Accreditation (TM / C / CG)** | **For CG: Please state full name of participant to be supported** |
| --- | --- | --- | --- | --- |
| *E.g. 1.* | *Goh Siew Ting* | *F* | *CG* | Tan Kim Yi |
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**Total No.**

# Closing Date: 19 FEB 2024

**Submit to:** chiho.yoon@sdsc.org.sg

## FORM B



**PHOTOGRAPHY AND VIDEOGRAPHY REFUSAL FORM**

| Full Name of Participant: |  |
| --- | --- |
| Event: | National Para Table Tennis Championships 2024 |

I refuse permission for the use of images of my child or myself by the Organiser.



Signed by: (Name of Participant / Parent / Caregiver) Date:

# Closing Date: 19 FEB 2024

**Submit to:** chiho.yoon@sdsc.org.sg