

JOIN MPFI

## AS INDIVIDUAL

NAME :

STATE:

ADDRESS:

CONTACT

EMAIL

DROPDOWN LIST :

PLAYER/REFEREE/COACH/OFFICIAL/MEDICAL – LINK TO REGISTRATION SYSTEM

YOUR MESSAGE

## AS SPONSOR/PARTNER

NAME PERSON :

NAME OF ORGANISATION

DESIGNATION :-

STATE:

ADDRESS OF ORGANISATION:

EMAIL OF ORGANISATION

CONTACT

WEBSITE

YOUR MESSAGE

## AS CLUB ACADEMY

NAME :

NAME OF CLUB/ACADEMY:-

DESIGNATION :-

STATE:

ADDRESS OF ORGANISATION:

EMAIL OF ORGANISATION

CONTACT

WEBSITE

SOCIAL MEDIA

YOUR MESSAGE

## AS DISTRICT MPFI

NAME OF PERSON :

DISTRICT:-

STATE:

ADDRESS OF ORGANISATION:

EMAIL OF ORGANISATION

CONTACT

WEBSITE

SOCIAL MEDIA

YOUR MESSAGE

## **AS STATE ASSOCIATION**

NAME OF PERSON :

DISTRICT:-

STATE:

ADDRESS OF ORGANISATION:

EMAIL OF ORGANISATION

CONTACT

WEBSITE

SOCIAL MEDIA

YOUR MESSAGE

## **BE A VOLUNTEER**

NAME :-

STATE:-

ADDRESS:-

CONTACT:-

EMAIL:-

I WISH TO JOIN VOLUNTEER OF MPFI FOR THE PROMOTION OF SPORTS – CHECK BOX