

ETHIOPIAN SPORTS FEDERATION IN NORTH AMERICA
27th Annual Tournament
June 27 to July 3rd, 2010
Bay Area, California

Note: Please send the form to:
Endale Tufer
1185 Collier Road #10A
Atlanta, Georgia 30318

Previous ESFNA Club Name: _____

Current ESFNA Club Name: _____

Player Name: _____

Address: _____

Phone: _____

E-Mail: _____

National Origin: _____

Player Release Date: _____

PLEASE READ: With my signature, I prove the above information is true to the best of my knowledge. I also accept and abide by ESFNA bylaws, tournament rules & regulations and other statutes of the Federation.

Player's Signature
Signature

ESFNA Club Representative's

Date: _____

Date: _____

NOTE: Each individual player and club representative is required to complete this form. Any misinformation, fraud or any illegal submission of information will be prosecuted to the fullest of the laws as stated in ESFNA bylaws, tournament rules & regulations and any other statutes of the Federation.