



TEAM OFFICIAL

REGISTRATION FORM

HOW TO COMPLETE THIS FORM

- Type into the fields on a computer or phone, or print and write clearly in BLOCK LETTERS with a blue or black pen. Fields marked * are required.
- Team officials include managers, coaches, welfare officers and medical staff who sit on the bench or manage a team.
- Submit online: upload the PDF on the Mayor's Cup registration page (Register > People). One form per person; each form is used once. Do not edit the verification code.

A PERSONAL DETAILS

Full names (as on your National ID) *

Date of birth * (day / month / year)

 / /

Gender *

☐ Male ☐ Female

Phone number *

Email address (optional)

PASTE PASSPORT
PHOTO HERE35 × 45 mm, plain background
(also upload it online)

National ID Number (NIN) – 14 characters: CM or CF + 12 letters/digits *

Required for everyone aged 18 and over.

B RESIDENCE & TEAM

Division *

Ward *

Village (pick from list) *

C ROLE & TEAM

Official role / title *

Team / group you serve *

Organisation / school / employer (optional)

Coaching licence / qualification no. (if any)

Tick the sport(s) you will work in *

☐ Football ☐ Netball ☐ Volleyball ☐ Kho Kho

D DECLARATION & SIGNATURE

I declare that the information on this form is true and complete. I will uphold the Mayor's Cup rules and code of conduct, protect the welfare of players (especially minors), accept the decisions of the referees and organisers, and I agree to the use of my data as explained in the notice below.

Signature or thumbprint of applicant

Date (DD / MM / YYYY)

Data Protection and Privacy Act, 2019 notice: Mukono Municipal Council collects the personal data on this form (including your NIN, contact details, photograph and, for minors, parent/guardian details) only to register participants for the Mayor's Cup, verify age and eligibility, organise fixtures and keep participants safe. It is stored securely, seen only by authorised Council sports officials, shared with team managers only as far as needed to run the competition, and kept only as long as championship, safeguarding and audit rules require. You may ask to see, correct or delete your data through the Contact page of the Mayor's Cup website. By signing or ticking the declaration you agree to this use.

FOR OFFICE USE ONLY

Received by _____

Date received _____

Registration No. _____

Checked (ID / age / photo) _____

☐ Approved

☐ Rejected

☐ More information needed