



LIBERIA MEDIA FOR DEMOCRATIC INITIATIVES

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**WHITE
BACKGROUND
PHOTO**

PLAYERS APPLICATION FORM

Date: _____

Name _____
Last Name First Name Middle Name

Current Address _____

Date of Birth _____
Month Day Year

Place of Birth _____
City County Country

Nationality _____ Gender _____ Cell _____

Name of School _____ Address _____

Are you a teacher? Yes () No () If yes, please state clearly which school and course (s)

Have you coached in the LMDI's League? Yes () No () If yes, which school _____

Signed _____
Applicant

Approved _____
Principal

LMDI Quizzing Department will use the information provided on this form to process your application and to maintain our Register of Coaches, including contacting you regarding renewal. Unless you notify us to the contrary, details of your name, school/home address and Quizzing status will be published on the LMDI website and will be provided to persons contacting us, such as potential Schools. Apart from this, we will not pass your personal information to any other bodies without your consent.

Please ensure that the details on the form are completed accurately. You should note that providing incorrect information, or failure to advise LMDI of a change to information, could result in the instigation of disciplinary proceedings.