# Skillhub Online Games Federation (SOGF) Player Registration Form

#### 1. Personal Information

| SERIAL NO. | DETAILS TO BE FILLED    | PERSONAL<br>DETAILS |
|------------|-------------------------|---------------------|
| 1.         | Full Legal Name         |                     |
| 2.         | In-Game Name (IGN)      |                     |
| 3.         | Date of Birth           |                     |
| 4.         | Gender                  |                     |
| 5.         | Nationality             |                     |
| 6.         | Residential Address     |                     |
| 7.         | Concerned State Unit    |                     |
| 8.         | Concerned District Unit |                     |
| 9.         | Email Address           |                     |
| 10.        | Phone Number            |                     |

## 2. Gaming Information

| SERIAL NO. | DETAILS TO BE FILLED         | DETAILS |
|------------|------------------------------|---------|
| 1.         | Primary Game(s) of Expertise |         |

| 2. | Secondary Game(s) of Expertise             |
|----|--|
| 3. | Gaming Platform(s) (PC, Console, Mobile)   |
| 4. | Current Team/Clan (if applicable)          |
| 5. | Past Tournament Experience (if applicable) |
| 6. | Tournament Name                            |
| 7. | Year                                       |
| 8. | Placement                                  |
|    |  |

#### 3. Identification

| SERIAL NO. | DETAILS TO BE FILLED                                      | DETAILS |
|------------|---|---------|
| 1.         | Government Issued ID Type (Passport, Aadhar, etc.)        |         |
| 2.         | ID Number   |         |
| 3.         | I have attached a scanned copy of my ID for verification. |         |

# 4. Agreement

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| I understand that providing false information may result in disqualification and/or termination of my registration.     |  |
|---|--|
| I consent to the collection and use of my personal information for the purposes of SOGF registration and communication. |  |

#### 5. Signature (if the participant 18 or above on the date of filling the form)

| SERIAL NO. | DETAILS TO BE FILLED | DETAILS |
|------------|----------------------|---------|
| 1.         | Signature            |         |
| 2.         | Date (DD/MM/YY)      |         |

# 6. Parent/Guardian's Signature (if the participant is under 18 on the date of filling the form)

| SERIAL NO. | DETAILS TO BE FILLED | DETAILS |
|------------|----------------------|---------|
| 1.         | Signature            |         |
| 2.         | Date (DD/MM/YY)      |         |

### 7. Additional Information (optional)

| SERIAL NO. | DETAILS TO BE FILLED   | DETAILS |
|------------|--|---------|
| 1.         | Link to your gaming profile or stream (Twitch, YouTube, etc.): |         |
| 2.         | Any additional information you would like to provide           |         |

#### 8. Submission

Please submit this completed form along with the required identification documents to:

Email Address: info@sogfederation.com

Address: 509, B Block, Naurang House, 21, K G Marg, New Delhi 110001

#### 9. Privacy Policy

The information you provide will be used solely for the purposes of SOGF player registration and communication. Your information will not be shared with third parties without your consent, except as required by law.

Thank you for registering with the Skillhub Online Games Federation