

Participant No.

Date:- __/__/__



Address: 4th Floor, Sahakae Sadan, Kacheri Road, B/H Court Building, Valsad, 369001

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Participant Registration Form

Session: 20__-20__

Passport
Size
Photo

• Name Of Participant: _____

• Date Of Birth:

• Age: _____

• Gender: Male ☐ Female ☐

• Sports Name: Volleyball ☐ Badminton ☐ Chess ☐ Cricket ☐
Hockey ☐ Kabaddi ☐ Karate ☐ Kho-Kho ☐
Swimming ☐ Rassa Khech ☐ Athletics ☐ CATAGORY

• Mobile Number:

• Email Id: _____

• Weight{Kg}: _____

• Height{Cm}: _____

Guardians Details:-

• Name: _____

Agree To Terms & Conditions:-

Note:- Candidates Play At Their Own Risk. Management Will Not Take Responsibility For Them

signature