

REGISTRATION FORM

Name of the School: _____

Name of the Coach: _____ Contact no: _____

Coach's Email ID: _____

Sport: _____ Age Category: _____ Gender: _____

S.No	Name of the Participant	Grade & Sec	DOB	Sign

hereby certify that all the above players are Bonafide students of our school.

Principal's Signature

School Stamp