

NATIONAL SPORTS DAY AGE GROUP SWIM MEET 2015
ORGANIZED BY: KHILADICONNECT.COM
[UNDER THE AUSPICES OF GMAAA]
ENTRY FORM FOR INDIVIDUAL EVENTS ONLY

DATE ____ / ____ / 2015.

NAME OF THE CLUB / INSTITUTION _____

ADDRESS _____

TEL NO. _____ MOB. NO. _____

Competitors name to be filled in block letters with surname last.

TO BE FILED IN DUPLICATE (USE CARBON)

Sr. No.	Full Name of Competitor	Male / Female	Date of Birth	Age Group	Event Nos.					Total No. of events
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
NOTE :- 1) PLEASE USE SEPARATE FORMS FOR BOYS AND GIRLS										

I hereby certify that all the competitors who have entered as per details above are bonafide members of my Club / Institution. They are in perfect health, free from any Disease and Physically fit to compete in the events indicated above. They are competing entirely at their risk and responsibility and KHILADI CONNECT is not in any way responsible for any injury that befall them nor any loss of or damage to their equipments and personal possessions. They will adhere to the Rules of the Competition and those laid down by the G.M.A.A.A. They will also abide by the decision of the officials and implicitly follow the instructions that may be given to them during the meet.

I hereby certify that the date of birth as mentioned against the name of each competitor has been verified by me and found to be correct. The Rules, attached have been Read by me and the Competitors and I undertake that these will be followed.

CLUB / INSTITUTION STAMP _____ Signature of Secretary / Manager of the Club / Inst. _____

FOR OFFICE USE ONLY : DATE _____

RECEIVER'S SIGNATURE _____