

**NATIONAL SPORTS DAY AGE GROUP SWIM MEET 2015**  
**ORGANIZED BY: KHILADI CONNECT**  
**[UNDER THE AUSPICES OF GMAAA]**  
**ENTRY FORM FOR RELAYS ONLY**

EVENT No. \_\_\_\_\_

S. No.	NAME OF THE COMPETITOR FIRST NAME – SURNAME (BLOCK LETTERS)	DATE OF BIRTH
1		
2		
3		
4		
5		
6		

EVENT No. \_\_\_\_\_

S. No.	NAME OF THE COMPETITOR FIRST NAME – SURNAME (BLOCK LETTERS)	DATE OF BIRTH
1		
2		
3		
4		
5		
6		

EVENT No. \_\_\_\_\_

S. No.	NAME OF THE COMPETITOR FIRST NAME – SURNAME (BLOCK LETTERS)	DATE OF BIRTH
1		
2		
3		
4		
5		
6		

EVENT No. \_\_\_\_\_

S. No.	NAME OF THE COMPETITOR FIRST NAME – SURNAME (BLOCK LETTERS)	DATE OF BIRTH
1		
2		
3		
4		
5		
6		

STAMP OF THE  
CLUB/INSTITUTION

NAME & TEL NO. OF THE  
OFFICIAL IN-CHARGE

SIGNATURE

SECRETARY/MANAGER