

JOLLY GYMKHANA

Jugaldas Modi Marg, Ghatkopar (W), Mumbai-400 086

DATE: -----/-----/-----

NAME OF THE CLUB/INSTITUTION-----

ADDRESS:-----

CONTACT NO:..... NAME OF THE COACH..... CELL NO:

NAME OF THE COMPETITOR									
Sr. No	SEX	DOB	AGE GROUP	FREE	BREAST	BACK	FLY	IM	FEES
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
Kindly tender exact amount						TOTAL Rs.:			
I hereby certify that all the competitors who have entered as per details above are bonafied members of my club/Institution. They are perfect health free from any disease and phycialy fit to compete in the events indicated above. They are competing entirely at their risk and responsibility and Jolly Gymkhana 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 laid down by the GMAAA. They will also abide by the decision of the officials and implicity follow the instructions that may be given to them during 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 under take that these will be followed.

STAMP/SEAL

Signature of secretary/Manager of the club/Inst.

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