

## INDIVIDUAL EVENT REGISTRATION FORM

<b>EVENT</b>	
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<b>FIRST NAME :</b>	<b>MIDDLE NAME:</b>	<b>LAST NAME:</b>

<b>EMAIL ID</b>	
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<b>STATE</b>	<b>DISTRICT</b>	<b>MOBILE NUMBER</b>

<b>GENDER</b>	<b>DATE OF BIRTH</b>	<b>SCHOOL / CLUB / TEAM NAME</b>

**PAYMENT TYPE:**

- ONLINE
  CASH TO BE PAID AT SVJCT SPORTS OFFICE

**ID PROOF :**

SR. NO	PARTICULARS OF DOCUMENT/ ID PROOF

**GAMES:**

SR. NO	GAMES PARTICIPATED

**SIGNATURE**

*I Agree Terms & Conditions*