SVJCT's Sports Academy

Speed Technique Strength

TEAM EVENT REGISTRATION FORM

EVENT :	
MANAGER NAME :	
EMAIL ID :	
MOBILE NUMBER :	
SCHOOL / CLUB / TEAM NAME :	

STATE	DISTRICT	GENDER

PAYMENT TYPE: ☐ **ONLINE** ☐ **CASH TO BE PAID AT SVJCT SPORTS OFFICE**

GAME :	**AGE GROUP :**

SR. NO	PLAYER NAME	DATE OF BIRTH
	(C)	

SIGNATURE

I Agree Terms & Conditions