

**SHRI JAIN VISA OSWAL CLUB
NR. SHREYAS FOUNDATION,
AMBAWADI,**

SPORTS ACTIVITY FORM

Directory No. : -

Form No :

Name of the Participant : _____

Address : _____

Date of Birth : _____ **Age :** _____ **years.**

Phone No : _____ **Mobile No :** _____

I, undersigned would like to Participate in following Sports Competition which starts from Dt. _____ Please Enroll my name and oblige.

No.	Name of Sports	Fees Rs.	M / F
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- | | | | |
|----|------------------------|----|--|
| 1. | Carrom – Singles | :- | |
| 2. | Carrom – Doubles | :- | |
| 3. | Table Tennis - Singles | :- | |
| 4. | Table Tennis - Doubles | :- | |
| 5. | Chess | :- | |
| 6. | Cricket | :- | |
| 7. | Other | :- | |

I, hereby abide by all Rules & Regulations.

Date : _____ **Sign of Participant :** _____