## NATIONAL SPORTS DAY AGE GROUP SWIM MEET 2015 ORGANIZED BY: KHILADI CONNECT [UNDER THE AUSPICES OF GMAAA]

## ENTRY FORM FOR RELAYS ONLY

	ENTRI FORM FOR RELATS O	
EVENT	No	
S. No.	NAME OF THE COMPETITOR FIRST NAME – SURNAME (BLOCK LETTERS)	DATE OF BIRTH
1	THE THIRD SERVING (BEGON EDITERS)	
2		
3		
4		
5		
6		
EVENT	No	
C No	NAME OF THE COMPETITOR	DATE OF BIRTH
S. No.	FIRST NAME – SURNAME (BLOCK LETTERS)	
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