



TEAM REGISTRATION FORM

The Convener - SPARDHA 2024 - International Sports Olympiad

City Montessori School, RDSO Campus, Lucknow, INDIA

Phone: + 91-7897174022, +91-9935123333

Email: spardha@cmseducation.org, rdso@cmseducation.org website:www.cmseducation.org/spardha

Dear Madam,

Please register my school team in SPARDHA 2024 - International Sports Olympiad. We have gone through your brochure/ web page and agree to all the rules and regulations. Particulars of my school are mentioned below as per your requirement.

PARTICULARS OF THE SCHOOL / INSTITUTION

Name of Institution : _____

Address : _____

City : _____ State: _____ Country: _____

PIN/Zip Code : _____ Contact No.: _____

E-mail : _____

Name of Team Leader / Manager : _____ Mobile: _____

Name of Deputy Team Leader / Coach : _____ Mobile: _____

S. No.	Name of the Participant (First Name Surname) (Block Letters only)	Gender (M / F)	Date of Birth (DD-MM-YYYY)	Discipline	Events
				(Go to page no. 13 to 19 of the brochure)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

EVENT WISE PARTICIPANTS

S.No.	Event	Total number of Participants
1	Track and Field	
2	Badminton	
3	Judo	
4	Karate	
5	Debate Competition	[Maximum 1]
6	Brush and Beyond	OPEN FOR ALL

SUMMARY: No. of Team members [Participants + Team Leader / Deputy Team Leader]

Male _____ Female _____ Total: _____

Signature: _____

Head of Institution : _____

Seal