LAGORI ASSOCIATION OF			DISTRICT		
APPLICATION FORM FOR PLAYER REGISTRATION					
LAGORI_		_ DISTRICT CHAMPIC	ONSHIP		
	SESSION:				

VENUE:			DATE :
For	m should be filled in ENG	<u>GLISH only</u> .	
Use	e CAPITAL LETTERS only, t	Doots what O wast.	
Att	ach copy of Age & Identit	Paste photo & verify from Secretary/HOD	
1.	Unit Name	:	of Institution/ Dept.
2.	Age Group	<b>:</b>	
3.	Category	:	
5.	Name	:	
6.	S/o, D/o, W/o	:	
7.	Date of Birth	:	
8.	Full Residential Add.	:	
		:	
9.	Contact No.	:	
10.	E-mail Address	:	
11.	Aadhaar Card No.	:	
12.	Passport No. :	: Place of Issue :	
	Date of Issue:	: Date of Expiry:	
		DECLARATION	
Spor finar Jour regu warr	ts at my own risk and full ncial or loss incurred dur ney Period) and I have lations, terms and condit ning, exclusion of implied	my parent/guardian agrees that I participally responsible for any type of accidental, pring the Training/Championship/Competite read, understood, acknowledge and ions of the Lagori Association of	hysical, ion or Tour (Included agree to the rules, District including the
Date	<u>.</u>		
Plac	e:	Signature of Parents/Guardians Sig	nature of Applicant
	<u>D</u>	ECLARATION	For office use only
	reby declare that the inf	Sr. No:	
	are representing our Sch	Reg. No:	
accepted the rules, regulations, terms and conditions of the Lagori Association of District.			I card No:
			Certificate No:
Sign	ature of Team Coach		