

SCHOOLS REGISTRATION FORM

School Name:			
School Authority / Sports Co-ordinator / Coach	Name	Phone No.	
School Address:			
School Contact Information	on		
Mob:		Office No.:	
E-mail:			
Kindly request you to tick	the boxes in which your schoo	ol students would be interested	to participate:
Badminton	Squash	Table Tennis	Tennis
☐ Volleyball	Swimming	Handball	Basketball
			[Contd]
	For Offic	al Use Only	
Form No.:			Date.:
Inwards No.:			SFA Rec Stamp
	For Any Out	ery Contact Us	



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I herewith, as the head/principal of the institution, give consent to the student/s to participate in the Event and also assure that the school would be represented by the Student/s and the participant/s would abide by the rules and conditionsof the Event.		
I herewith understand that this annual registration fees of INR 5,000/- (Indian Rupees Five Thousand only) which shall be payable by the institution / school will be valid for this particular Event only for the year 2015. In a situation where not a single student is eligible to participate from the school, SFA Events Pvt. Ltd. will refund the registration fee within 30 days from the last day of registration.		
(Payment will be accepted by Demand Draft, Cheque or Cash. The Demand Draft must be drawn in favor of SFA E Pvt. Ltd. Demand Draft to be payable at Mumbai at the address mentioned in the entry form. Payment receipt v provided.)		
I herewith, understand and acknowledge that by registering for this Event and paying the registration fees, the stude this school are not guaranteed to qualify in the Event. Only the students chosen by the Event organizer by way of a and eligibility criteria shall be eligible to play and participate in the Event. Further, in the event, none of the childre the institution/ school qualify to participate in the Event, the Event Organiser shall refund the registration fees with working days.		
I say that I have read and understood that the Eligibility Criteria of every sport and the Event rules and regulations whis a part of this kit and also on the website www.sfanow.in		
I further, understand and acknowledge that the School emblem will be utilized by the Event Organizer and a School Profile will be made and displayed on the website. I hereby give consent to the Event Organiser to use the School emblem.		
I herewith understand that the institution/school shall be responsible for the transportation of the qualified students to the venue at the cost and expense of the institution/school/participant.		
The facts and information given in this application form along with the information furnished by the School have been verified by me and I assure you that the same are true and correct.		
Principal Name:		
Principal Signature:		