

CENTRAL BOARD OF SECONDARY EDUCATION

CLUSTER
 NORTH ZONE – II
 NATIONAL
 TOURNAMENT

(UNDER 11,14,17 & 19) – 2016-17

GAME & SPORTS NAME _____

School Name _____

School Address _____

CONFIRMATION SLIP

1. Name of the school : _____
2. Complete Address : _____
3. Tel No. : _____
4. Email Address : _____
5. Date and time of arrival : _____
6. Mode of Arrival (Bus/Train/Own School Bus) : _____
7. Name of train or bus : _____
8. Coach No. : _____
9. Date & Time Departure : _____
10. Mode of Departure : _____
11. Number of Officials/Coaches/Managers : Male _____ Female _____
12. Contact No. of Coaches/ Managers : _____
13. Accommodation required For Players/Offical are required : Yes No
14. Dinner on Arrival (.....) : Yes No
15. **No. of Players:**

	Under 11	Under 14	Under 17	Under 19	Total
Boys					
Girls					

Date :

Signature of Principal with School Stamp