

## CONSENT FORM

### for CBSE North Zone II Taekwondo Tournament

Dear Sir/ Madam,

In reference to CBSE North Zone II Taekwondo Tournament to be held in St. Joseph's Sr. Sec. School Sector 44-D, Chandigarh in October(5<sup>th</sup> October to 7<sup>th</sup> October 2018). We wish to confirm the entries for your participation through this consent form. You are requested to fill the detail carefully and email us on [st.joseph\\_sss@yahoo.co.in](mailto:st.joseph_sss@yahoo.co.in) or [sjsss44d@gmail.com](mailto:sjsss44d@gmail.com) before 22<sup>nd</sup> September for the smooth conduction of the tournament.

Name of the Participating school with full address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cluster number \_\_\_\_\_

School contact number \_\_\_\_\_

School ID number \_\_\_\_\_

Principal contact number \_\_\_\_\_

Team manager/coaches Name and contact number \_\_\_\_\_

\_\_\_\_\_

Total number of participants-

Boys

Girls

Total number of coaches-

Male

Female

Arrival date and time \_\_\_\_\_

Departure date and time (if possible) \_\_\_\_\_

Lunch required on 4<sup>th</sup> October(Yes/No) \_\_\_\_\_

Regards

Principal

(St. Joseph's Sr. Sec. School)