



CHARUTAR VIDYA MANDAL

CVM INTERNATIONAL FOOTBALL TOURNAMENT U -8, 10



NAME & ADDRESS OF THE SCHOOL: _____

SCHOOL EMAIL ID: _____ TEL: _____

NAME OF THE COACH: _____ TEL: _____

BOYS / GIRLS AGES: _____ JERSEY COLOURS: _____

SR. NO	LD. NO	SURNAME	NAME	FATHER'S NAME	DATE OF BIRTH	SIGNATURE OF PLAYERS
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

I here by certify that :

- 1.)The above players are bonafide students of the school
- 2.)Their general registration number and date of birth are exactly as entered in the school general register.

Principal's Signature
School Seal