

PARTICIPANT ENTRY FORM

Name:	
XYZ Group:	
Date of Birth (DD	O/MM/YYYY)://
Age – Group: Und	ler Food Preference: VEG / NON-VEG
	Events participating in:
Event Code	Event Name
events and am er	hild to participate in XYZ LAFA on Sunday, 2 nd July 2017 in the above nclosing the registration fee of Rs. 250/- which entitles my child to event along with transportation and lunch.
	Parent Signature
In case of emergency	, contact: