

CENTRAL BOARD OF SECONDARY EDUCATION

CLUSTER

NORTH ZONE – II

NATIONAL

TOURNAMENT

(UNDER 11,14,17 & 19) – 2024-25

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/Parents : Male _____ Female _____

12. Contact No. of Coaches/ Managers/Parents : _____

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