

# CENTRAL BOARD OF SECONDARY EDUCATION

CLUSTER

NORTH ZONE – II

NATIONAL

TOURNAMENT

(UNDER 11,14,17 & 19) – 2019-20

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/Official 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