



SSCAF'S NATIONAL SCHOOL GAMES 20.....-.....

Venue:

State/Team..... Game/Event: Age Group: Under..... Boys/Girls.....

S. NO.	NAME OF PLAYERS	FATHER,S NAME	DATE OF BIRTH	NAME OF SCHOOL	SIGNATURE
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

It is certified that all the players mentioned in this entry form are studying in school (From 1st to 12th class) and I have personally checked it.

Sig. Of Team Manager

Sign. Of Team Coach

Signature of State Secretary/co-ordinator