

LAXMI VIDYAPEETH LAXMI INSTITUTE OF TECHNOLOY, SARIGAM (BE/DE)

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Ref. No:

## **Team Registration form:**

School Name:	
School email ID:	
Contact number: 1.	2.
Name of coach:	
1.	
2.	
Captain Name:	
Captain contact details:	

## **Team Details**

Sr.	Name of Player	Date of birth	Mobile number	Age	Remark
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

Captain sign: \_\_\_\_\_ Coach sign: \_\_\_\_\_

Principal sign and stamp: \_\_\_\_\_

Date: