



PHOTO

REGISTRATION FORM (Athlete, Coach, Manager, Technical Officials)

Name _____

Father's/ Mother's Name _____

Date of Birth _____

Sex _____ Age _____

Complete Address _____

City _____ State _____

Contact No _____

Academy/Organization _____

Instructor Name _____

Disciplines/ Sports _____

Event(s) _____

Weight (Kg) _____ T-shirt Size _____

State Director NOC _____

Medical Checkup (Hepatitis B, HIV, RTPCR & Body Fitness) _____

Entry Fee (Online Fee Slip or Screen Shot) _____

Athlete _____ Coach/ Manager _____ Judge/ Referee _____

Declaration : I understand that I Agreed with Term and Conditions and agreed with Rules and Regulations of Organizations.

Signature _____ Instructor Signature and Seal _____

Date _____ Place _____



TEAM ENTRY FORM – ATHLETS & OFFICIALS

STATE/ ASSOCIATION NAME	PRESIDENT/ SECRETARY NAME
-------------------------	---------------------------

S.No.	Name	Sex/Age	Events	Category	Weight	T-shirt Size
01						
02						
03						
04						
05						
06						
07						
08						
09						
10						
11						
12						
13						
14						
15						
20						
	Total Fee Details					

Please Include Players, Team Coach/Manager/Officials Name and send us by email to inonmacindia@gmail.com

Team Coach/ Manage Signature _____ Date _____

Registration Link - <http://nmacindia.com/registration>