

# AZTECS FIGHT LEAGUE



## ENTRY FORM

**(FILL ALL LETTERS IN CAPITAL)**

**ORGANIZATION NAME:**

**FULL NAME:** \_\_\_\_\_

**GENDER:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**CONTACT NO.** \_\_\_\_\_ **AADHAR NO.** \_\_\_\_\_

**EMAIL ID** \_\_\_\_\_

**DISCIPLINE** \_\_\_\_\_

**FULL ADDRESS** \_\_\_\_\_

**ARRIVAL DATE** \_\_\_\_\_ **DEPARTURE DATE** \_\_\_\_\_

**Signature of Participants  
Guardians**

**Signature of Instructor Signature of**

**FOR OFFICE USE SIGNATURE & STAMP**

Registration last date is 10 Nov'19

**EVENT CERTIFIED BY: INTERNATIONAL COMBAT MARTIAL ARTS**