

**Mahatma Gandhi Mission
Aurangabad**

**3rd MGM Olympics
08-10 November 2017**

Entry Form

Name of the College/Institute/School: _____ Name of the Coordinator/Coach: _____

Mobile No: _____

Email Id: _____

Name of the Event: _____

Sr. No.	Name of the Player	Date of Birth	Class	Mobile No.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

Date: _____

Physical Teacher

Principal/Director

(For office use only)

Entry Fee Paid: _____

Receipt No: _____

Date: _____

Accounts Officer: _____