Name of the School/College	
Complete Mailing Address	
City & Pin Code	
State	
Contact Number with ISD/STD	
Email (Compulsory) Official	

## **DETAILS OF PARTICIPATING TEAM**

Sr. No.	NAME OF PARTICIPANTS (Group A)	CLASS	GENDER MALE / FEMALE	DATE OF BIRTH	CONTACT NO.
1					
2					
Sr. No.	NAME OF PARTICIPANTS (Group B)	CLASS	GENDER MALE / FEMALE	DATE OF BIRTH	CONTACT NO.
		CLASS		DATE OF BIRTH	
No.		CLASS		DATE OF BIRTH	

Sr. No.	NAME OF PARTICIPANTS (Group C)	CLASS	GENDER MALE / FEMALE	DATE OF BIRTH	CONTACT NO.
1					
2					

Sr. No.	NAME OF PARTICIPANTS (Group D)	CLASS	GENDER MALE / FEMALE	DATE OF BIRTH	CONTACT NO.
1					
2					



One Team Leader Male/Female	Mr./Ms./Mrs.		
Subject Taught by Team Leader			
Personal Contact No. of Team Leader			
Principal accompanying Team:	Yes	No	
School Seal	Principal's Name		Signature of the Principal

- 1. Last date for sending the registration form is 30th September 2023.
- 2. Please keep a copy for your records.
- 3. No form will be accepted without the Principal's signature and seal.
- 4. For your convenience, kindly ensure that the names of the participants are correctly spelt out in the Registration form sent to us as no change will be entertained later.
- 5. Every participant will be awarded a certificate of participation.

## Kindly mail this form to:

The Principal

City Montessori School, Rajajipuram Campus II

C-1889, Rajajipuram, Lucknow-226017, Uttar Pradesh, INDIA.

Phone: 0522-2418425, +91-9936253505 Email: matheletics@cmseducation.org