

**CBSE VOLLEY BALL CLUSTER XIII****SESSION - 2019-20****ENTRY / ELIGIBILITY FORM**

NAME OF SCHOOL : \_\_\_\_\_

Sr. No.	Name of the Participants	Date of Birth	Standard	Sign. of Participant
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Name of the Team Manager / Coach		
Sr.No.	Name	Contact Number
01		
02		

**CERTIFICATE**

This is to certify that the above-mentioned players are bonafide students of our school and eligible as per the rules circulated by the CBSE for participation in CBSE Cluster XIII Volleyball Tournament 2019-20. The date of birth recorded against each name is correct as per the school records.

Signature of the Principal

Name: \_\_\_\_\_

Seal: \_\_\_\_\_