

ENTRY FORM

From:

Date:

Name of the Club: _____

Postal Address: _____

Pin Code _____

Contact Telephone & Fax Nos. _____

Contact persons with Mobile No. (Important) _____

Dear Sir,

Please accept the Entry of our team _____ for the tournaments conducted by Karnataka State Basketball Association during the new year _____

Sl.	Event	Category	Fees
1	State League Championships	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	
2	Mini Championships Under 13 years	<input type="checkbox"/> Boys	
		<input type="checkbox"/> Girls	
3	Youth Championships Under 16 years	<input type="checkbox"/> Boys	
		<input type="checkbox"/> Girls	
4	Junior Championships Under 18 years	<input type="checkbox"/> Boys	
		<input type="checkbox"/> Girls	
5	Associan Cup Championships	<input type="checkbox"/> Men	
		<input type="checkbox"/> Women	
		TOTAL	

Please tick () for Events in the above table that your club is participating.

Total Number of Events participating _____

Entry Fee of Rs. _____ by Cheque/D. D Bearing No. _____

Drawn in favour of **KARNATAKA STATE BASKETBALL ASSOCIATION**

Date _____ Dispatched On. _____.

Thanking you,

Date:

Signature and Seal of Secretary

Remarks:

(For Association Office Use)