

# CENTRAL BOARD OF SECONDARY EDUCATION

CLUSTER

NORTH ZONE – II

NATIONAL

TOURNAMENT

(UNDER 11,14,17 & 19) – 2023-24

GAME & SPORTS NAME \_\_\_\_\_

School Name \_\_\_\_\_

School Address \_\_\_\_\_

## CONFIRMATION SLIP

1. Name of the school : \_\_\_\_\_

2. Complete Address : \_\_\_\_\_

3. Tel No. : \_\_\_\_\_

4. Email Address : \_\_\_\_\_

5. Date and time of arrival : \_\_\_\_\_

6. Mode of Arrival (Bus/Train/Own School Bus) : \_\_\_\_\_

7. Name of train or bus : \_\_\_\_\_

8. Coach No. : \_\_\_\_\_

9. Date & Time Departure : \_\_\_\_\_

10. Mode of Departure : \_\_\_\_\_

11. Number of Officials/Coaches/Managers/Parents : Male \_\_\_\_\_ Female \_\_\_\_\_

12. Contact No. of Coaches/ Managers/Parents : \_\_\_\_\_

13. Accommodation required For Players/Official are required : Yes  No

14. Dinner on Arrival ( ..... ) : Yes  No

15. No. of Players:

	Under 11	Under 14	Under 17	Under 19	Total
Boys					
Girls					

Date : .....

Signature of Principal with School Stamp