CBSE National Volleyball (Boys) Championship
2018-2019
TEAM ENTRY FORM

Cluster Name					
Name of the school					
Address					
City/Town					
District					
State			Pin Code		
E-mail of school					
Contact no of school					
Position in Cluster					
Category	Boys (Y/N)				
No. of Participants	Total:				
Name of Officials					
Contact no's.					
Accommodation Required	Yes (Y/N)		Self (Y/N)		
Arrival Date		Arrival Time			
Place of Arrival					
Means of Transport	Train (Y/N)		Road (Y/N)		Air (Y/N)
Transport Required (Not Chargeable) Y/N :					
Date of Departure					
Note: Transport Helpline Numbers					
Date of form Submission (DD/MM/YYYY)					

** Kindly email the Performa at:

kpsdirba@gmail.com, kps.sports666@gmail.com