

CYCLE POLO FEDRATION OF INDIA

REGISTRATION FORM

(To Be Filled By Now Players Only)

From,

Affix Passport
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TO,

The Hon. Secretary

Cycle Polo Federation of India

Sub.:- Application for Registration

YEAR of Application _____

Age Group. _____

Dear Sir,

Kindly Register to My Team the Following Players who's Particulars are as below

- 1) Name of the player :- _____
- 2) Father name :- _____
- 3) Age :- _____
- 4) Date of Birth :- _____
- 5) Address :- _____
-) Name of Institution :- _____

The birth certificate, registration fee and two photograph are enclosed toward.

I declare that the above player is a Bonafide member of our state Association Unit and is eligible to participate in the national Championships under the rules and regulations of the Cycle Polo Federation of India and that he is not a member in any other state /unit Team.

Date:- _____

(Signature and seal of the State Secretary)

Remark by Technical Committee

(Signature)

Registration No. allotted.

(Hon. Secretary C.P.F.I.)