

# CBSE NATIONAL VOLLEYBALL CHAMPIONSHIP - 2015

9<sup>TH</sup> TO 13<sup>TH</sup> DECEMBER 2015



## V.S. St. John's Hr. Sec. School - Gannavaram



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### TEAM ENTRY FORM

Cluster Name						
Name of the School						
Address						
City / Town						
District						
State					Pin Code	
E-mail of School						
Contact Number of School						
Position in Cluster						
Category	Boys (Y/N)		Girls (Y/N)		Both(Y/N)	
No. of Participants	Boys		Girls		Total	
Name of the Officials						
Contact Nos.						
Accommodation Required	Yes/No		Self (Yes/ No)			
Arrival Date (DD/MM/YYYY)			Arrival time			
Means of Transport	Train (Yes / No)		Road (Yes / No)		Air (Yes/No)	
Transport Required (Yes/No)						
Date of Departure						
Note: <b>Transport Helpline Numbers:</b> Mr. Firooz - 91-9 8 6 6 5 8 17 7 9 Office : 08676 - 252379 , 252259						
Date & Time of Form Submission (DD/MM/YYY)						
Signature & Remarks						

