UNIVERSITY OF MUMBAI INTER COLLEGIATE

ATHLETIC MEET TOURNAMENT 20 - 20

ENTRY FORM

(To be submitted on or before the last date mentioned in the Sports Calendar.)

Name of the College & Code No.:

_____

Tel. No.: _____

Fax No.: _____

E-mail: _____

The Director of Phy. Edun. & Sports,
University of Mumbai,
University Sports Pavilion,
Marine Lines, Mumbai-400 020.

	Name of the Competitors (Type the name in full beginning with SURNAME)	**Mention Event Nos. only**						

Note: Each college shall be permitted to send **Five** entries in each Individual Event & Two Entry for team Relay. No entry will be accepted for Reserve in Individual Event. Our College has paid Annual Sports Contribution vide Cheque/DD.No. _____ dated _____ and Entry Fees vide Cheque/DD.No. _____ dated _____ to the University. If Sports Contribution/Entry Fee not paid the entry may be rejected.

ORDER OF EVENTS

MEN		**WOMEN**	
1. 100 M. Run	12. Triple Jump	23. 100 M. Run	34. Triple Jump
2. 200 M. Run	13. High Jump	24. 200 M. Run	35. High Jump
3. 400 M Run	14. Pole Vault	25. 400 M. Run	36. Pole Vault
4. 800 M. Run	15. Shot Put	26. 800 M. Run	37. Shot Put
5. 1500 M. Run	16. Discus Throw	27. 1500 M. Run	38. Discus Throw
6. 5000 M. Run	17. Javelin Throw	28. 5000 M. Run	39. Javelin Throw
7. 10000 M. Run	18. Hammer Throw	29. 10000 M. Run	40. Hammer Throw
8. 20 Kms. Walk	19. 4x100 M. Relay	30. 5 Kms. Walk	41. 4x100 M. Relay
9. 110 M. Hurdles	20. 4x400 M. Relay	31. 100 M Hurdles	42. 4x400 M. Relay
10. 400 M. Hurdles	21. Decathlon	32. 400 M. Hurdles	43. Heptathlon
11. Long Jump	22. Steeple Chase	33. Long Jump	44. Steeple Chase

The detail information of the participants/s is given on the back side.

Place: _____ **PRINCIPAL**

Date: _____ **(College Seal)**

Note: PLEASE STATE HERE } Name _____ & Phone No. _____ of any other responsible person from your College to contact him/her in case of emergency/ urgency arises beyond normal working hours or on holidays.