

UNIVERSITY OF MUMBAI INTER COLLEGIATE
HALF MARATHON 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.

Sir,

I am please to inform you that my college will be participating in the above stated Tournament/s to be held during the current academic year. 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. The names of the participants are as under.

(Full name beginning with SURNAME)

MEN

1. _____
2. _____
3. _____
4. _____

WOMEN

1. _____
2. _____
3. _____
4. _____

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

Place: _____

PRINCIPAL

Date: _____

(College Seal)

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

P.T.O.