



PARLE MAHOTSAV

17th Parle Mahotsav

Organised by
Vile Parle Cultural Centre
In Association with Sathaye College
www.parlemahotsav.com

CHIEF ORGANISER
Adv. Parag Alavani
(MLA)

2, Amber palace, Chittaranjan Road, Vile Parle (East), Mumbai - 400 057. Tel.: 2613 6513 / 2617 7125

Please Visit us at - [YouTube Parle Mahotsav](#) | [Facebook Parle Mahotsav](#) | [Twitter @parlemahotsav](#)

COMPETITION ENTRY FORM (GROUPS / TEAM)

Name : _____ Std.: _____
First Name Middle Name Surname

Room No.: _____ Building : _____ Road : _____

Area : _____ Nagar : _____ City : _____ Pincode : _____

Tel. Resi/Mob.: _____ Blood Group : _____ Email : _____

School/College : _____ Sex : M F Date of Birth :

as a representative of group/team would like to enroll my team/group to participate in the below mentioned competition. **I have read rules & regulation of the competition. the detailed information of my group/team is mentioned below.**

My team/group name (if any) _____

Please Attach Sheet Contains all the Team Member's Address, Mobile No. & Email Address.

During the competition any injury / Accident happened organisers are not responsible.

organisers reserve the rights to make any kind of changes or cancel the competitions(s).

(Please Mark in front of the competitions you would like to participate in)

• Our Communication to you via - Email, SMS and Voice.

- Group Dance
- Kabaddi
- Volley Ball
- Box Cricket
- Mallakhamb
- Street Play
- Tug of War
- Telematches
-
-

Name of Team / Group Member	Date of Birth	Tel. / Cell No.
1) _____	<input type="text"/>	_____
2) _____	<input type="text"/>	_____
3) _____	<input type="text"/>	_____
4) _____	<input type="text"/>	_____
5) _____	<input type="text"/>	_____
6) _____	<input type="text"/>	_____
7) _____	<input type="text"/>	_____
8) _____	<input type="text"/>	_____
9) _____	<input type="text"/>	_____
10) _____	<input type="text"/>	_____
11) _____	<input type="text"/>	_____
12) _____	<input type="text"/>	_____

Receiver Signature Receipt No. Applicant's Signature