

# Kachchh District Table Tennis Association

**Open Kutch Table Tennis Tournament - 2018**

**22<sup>nd</sup> August, 2018**

**Venue:**

KDTTA Indoor Stadium, Ward 5/B, Opp. Tap Hospital, Adipur - 370205

**PLAYERS ENTRY FORM**

**ENTRIES CLOSE on 20<sup>th</sup> August(Monday), 2018**

**Full Name of Player :** \_\_\_\_\_

**Full Name Open Doubles: (1)** \_\_\_\_\_ **(2)** \_\_\_\_\_

**Date of Birth :** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **(DD-MM-YYYY)** **Gender:** \_\_\_\_\_

**Postal Address :** \_\_\_\_\_

\_\_\_\_\_ **Mob.** \_\_\_\_\_

**Please put (√) against the events in which you are participating:**

Event	Age-Eligibility	Entry Fees
<input type="checkbox"/> Men's Singles		200/-
<input type="checkbox"/> Women's Singles		200/-
<input type="checkbox"/> Junior Boys Singles	(U-18 years) (Born on or after 1.1.2001)	200/-
<input type="checkbox"/> Junior Girls Singles	(U-18 years) (Born on or after 1.1.2001)	200/-
<input type="checkbox"/> Open Doubles		400/-

**TOTAL ENTRY FEES RS.** \_\_\_\_\_

Registration fees \_\_\_\_\_ 100/-

**TOTAL FEES RS.** \_\_\_\_\_

**UNDERTAKING**

I hereby give undertaking that I will abide by all the rules and regulations of the tournament. And also the above furnished details are true and correct to the best of my knowledge.

**Date:** / /2018

**Signature of Player**

**RECEIPT**

Received with thanks a Sum of Rs. \_\_\_\_\_ from \_\_\_\_\_ towards the **Entry Fees** for participating in **Open Kutch Table Tennis Tournament - 2018** organised at **KDTTA Indoor Stadium, Ward 5/B, Opp. Tap Hospital, Adipur - 370205** on **22<sup>nd</sup> August 2018**.

**Date:** / /2018

**Receiver's Signature**

[**Note:**The participating players should compulsory wear only None Marking Soul Shoes in Field Of Play/Arena during matches as the flooring of the hall is synthetic. Without None Marking Soul Shoes Players will not be allowed to play. ]