

CBSE CLUSTER II
VOLLEYBALL CHAMPIONSHIP 2014-2015
DETAILS OF BREAKFAST, LUNCH, DINNER REQUIRED
(To be filled and sent along with eligibility form)

SCHOOL NAME: _____

ADDRESS : _____

FILL IN THE REQUIRED NUMBERS OF PERSON FOR

DATE	14-10-2014	15-10-2014	16-10-2014	17-10-2014
BREAKFAST				
LUNCH				
TEA SNACKS				
DINNER				

Details of Team Members :

Managers: _____ (Male/Female) Age: _____

Coaches : _____ (Male/Female) Age: _____

No. of Participation: Boys _____ Girls _____

Total No. Team Members: _____

Arrival Details :

(a) Arrival at Junction Bus Stand /Railway Station Date _____ Time _____

(b) Train Number: _____

(c) Name of the Train/Name of the Bus _____

Departure Details:

(a) Departure at Junction Bus Stand /Railway Station Date _____ Time _____

(b) Train Number: _____

(c) Name of the Train/Name of the Bus _____

Remarks if any _____

Seal & Signature of Principal