

SAINT JOHN'S ACADEMY ALLAHABAD
GENERAL INFORMATION ABOUT SCHOOL/ COLLEGE & PARTICIPATING TEAM
INVICTUS-2016 REGISTRATION FORM (CATEGORY-A)

The last date for receipt of the duly filled and signed registration form is 16th August 2016

Name of the School /College _____

Mailing address _____

Phone Number (with STD code) _____

E-mail _____

EVENT		NAME OF THE PARTICIPANT	DATE OF BIRTH	CLASS IN WHICH PRESENTLY STUDYING
QUIZ TIME	1			
	2			
PAL CHIN	1			
JUST-A-MINUTE	1			
ENGLISH DEBATE	1			
	2			
HINDI DEBATE	1			
	2			
20 QUESTIONS	1			
	2			
CLAY MODELLING	1			
COMPUTER GAMES	1			
	2			
DECLAMATION	1			

Teachers accompanying – 1 _____

2 _____

Name of the Principal _____

Signature and stamp of the Principal _____

Note: You may also send in the duly completed/ filled and signed form by the Head / Principal of the School either by e-mail at: principal@saintjohnsacademy.com

Please enclose passport size photograph of each participant (name and class written at it's back)

For any clarification you may contact **INVICTUS** Coordinators on 9793471338, 9415262427, 9628272434

SAINT JOHN'S ACADEMY ALLAHABAD
GENERAL INFORMATION ABOUT SCHOOL/ COLLEGE & PARTICIPATING TEAM
INVICTUS – 2016 REGISTRATION FORM (CATEGORY-B)

The last date for receipt of the duly filled and signed registration form is **16th AUGUST 2016.**

Name of the School /College _____

Mailing address _____

Phone Number (with STD code) _____ E-mail _____

EVENT		NAME OF THE PARTICIPANT	DATE OF BIRTH	CLASS
WHAT'S THE GOOD WORD	1			
	2			
QUIZ	1			
	2			
HALF A MINUTE	1			
SPIN A YARN	1			
COMPUTER GAMES	1			
	2			
ENGLISH DEBATE	1			
	2			
HINDI DEBATE	1			
	2			
SKIT	1			
	2			
	3			
	4			
	5			
	6			
ON THE SPOT PAINTING	1			

Teachers accompanying – 1 _____

2 _____

Name of the Principal _____

Signature and stamp of the Principal _____

Note: You may also send in the duly completed/ filled and signed form by the Head / Principal of the school either by fax _____ or e-mail _____

Please enclose passport size photograph of each participant (name and class written at it's back)

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SAINT JOHN'S ACADEMY ALLAHABAD
GENERAL INFORMATION ABOUT SCHOOL/ COLLEGE & PARTICIPATING TEAM
INVICTUS – 2016 REGISTRATION FORM (CATEGORY-B BOYS)

The last date for receipt of the duly filled and signed registration form is **16th AUGUST 2016.**

Name of the School /College _ _ _ _ _

Mailing address _ _ _ _ _

Phone Number (with STD code) _ _ _ _ _ E-mail _ _ _ _ _

EVENT		NAME OF THE PARTICIPANT	DATE OF BIRTH	CLASS
FOOTBALL	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
BASKETBALL	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

Teachers accompanying – 1 _ _ _ _ _

2 _ _ _ _ _

Name of the Principal _ _ _ _ _

Signature and stamp of the Principal _ _ _ _ _

Note: You may also send in the duly completed/ filled and signed form by the Head / Principal of the school either by fax _ _ _ _ _ or e-mail _ _ _ _ _

Please enclose passport size photograph of each participant (name and class written at it's back)

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SAINT JOHN'S ACADEMY ALLAHABAD
GENERAL INFORMATION ABOUT SCHOOL/ COLLEGE & PARTICIPATING TEAM
INVICTUS – 2016 REGISTRATION FORM (CATEGORY-A BOYS)

The last date for receipt of the duly filled and signed registration form is **16th AUGUST 2016.**

Name of the School /College _____

Mailing address _____

Phone Number (with STD code) _____ E-mail _____

EVENT		NAME OF THE PARTICIPANT	DATE OF BIRTH	CLASS
FOOTBALL	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
	11			
	12			
	13			
	14			
	15			
	16			
BASKETBALL	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

Teachers accompanying – 1 _____

2 _____

Name of the Principal _____

Signature and stamp of the Principal _____

Note: You may also send in the duly completed/ filled and signed form by the Head / Principal of the school either by fax _____ or e-mail _____

Please enclose passport size photograph of each participant (name and class written at it's back)

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SAINT JOHN'S ACADEMY ALLAHABAD
GENERAL INFORMATION ABOUT SCHOOL/ COLLEGE & PARTICIPATING TEAM
INVICTUS – 2016 REGISTRATION FORM (CATEGORY-OPEN GIRLS)

The last date for receipt of the duly filled and signed registration form is **16th AUGUST 2016**.

Name of the School /College _ _ _ _ _

Mailing address _ _ _ _ _

Phone Number (with STD code) _ _ _ _ _ E-mail _ _ _ _ _

EVENT		NAME OF THE PARTICIPANT	DATE OF BIRTH	CLASS
BASKETBALL	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			

Teachers accompanying – 1 _ _ _ _ _

2 _ _ _ _ _

Name of the Principal _ _ _ _ _

Signature and stamp of the Principal _ _ _ _ _

Note: You may also send in the duly completed/ filled and signed form by the Head / Principal of the school either by fax _ _ _ _ _ or e-mail _ _ _ _ _

Please enclose passport size photograph of each participant (name and class written at it's back)

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