

THE LITTLE MASTER OF LAHORE
CHESS TOURNAMENT REGISTRATION FORM
Group A (Ages less than 13 Years)

School Name

Branch/Campus

Address & Telephone No.

Name of Contact Person/ Supervisor & Tel #

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

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Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

1. Please attach an attested copy of each participant's birth certificate/B-form and a passport size colour photograph.
2. Each school is required to pay a registration fee of Rs. 500/- per participant. Kindly pay in cash or submit a crossed cheque / a pay order along with this form in favour of 'Management and Educational Services (Pvt.) Ltd.' Registrations cannot be processed without payment of the registration fee.
3. Last date for registration is 7th Nov. 2016.

THE LITTLE MASTER OF LAHORE
CHESS TOURNAMENT REGISTRATION FORM
Group B (Ages less than 17 Years)

School Name

Branch/Campus

Address & Telephone No.

Name of Contact Person/ Supervisor & Tel #

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

Name of the participant: _____
Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

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Date of Birth (DD-MM-YY): _____
Age as on 26/11/16: _____

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Date of Birth (DD-MM-YY): _____
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