



PARTICIPANT NAME:

DATE OF BIRTH:

CLASS/GRADE:

We hereby authorise the above mentioned student to represent our school and participate in the Head Start Friendship Games Golf Championship, to be held on 04th February 2019.

SCHOOL NAME:

DATE:

PRINCIPAL'S SIGNATURE:

SCHOOL SEAL:

**DATE**

4th FEBRUARY 2019

**VENUE**

KARNATAKA GOLF ASSOCIATION (KGA)  
BANGALORE

**FORMAT**

STABLEFORD

**REPORTING TIME**

6:00am

**SHOTGUN START**

7:30am

**REGISTRATION FEE**

Rs 200/-

**CONTACT**

sports@headstart.edu.in

KUMAR 9844828811

7204663430

To confirm your entry please send a scanned copy of the duly filled registration form and the player's birth certificate to [sports@headstart.edu.in](mailto:sports@headstart.edu.in)

Registration forms should be handed over to Mr. ASHOK.S (+919986180337) at the KGA.

The registration fee of Rs 200/- (to be paid at venue on tournament day)

**HEAD START FRIENDSHIP GAMES GOLF CHAMPIONSHIP 2019**