

**HYDERABAD POLO & RIDING CLUB**

**SWIMMING / BADMINTON / MOUNTED SPORTS COMPETITIONS**

**ENTRY FORM – 15.08.2024**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile No.: \_\_\_\_\_ e-mail id: \_\_\_\_\_

Emergency Contact Nos. \_\_\_\_\_

S. No.	Name of the Event	Category	Fee
1			
2			
3			
4			
5			
6			

- I declare that the details furnished above are correct to the best of my knowledge.
- I undertake no responsibility for any loss, damage or injury that may occur for me / my son / my daughter, during the course of the event/s directly or indirectly from accident or any other causes. Neither the Hyderabad Polo & Riding Club nor its staff/representatives will be held responsible for any such loss/damage.

Signature of the Participant

Signature of the Parent  
(in case of minors)

(for office use only)

Date of Receipt of the Entry Form:  
Time of Receipt of the Entry Form:

Amount Received:  
Amount Received by