



MEMBER'S / PLAYER'S REGISTRATION FORM

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PHOTO

REGISTRATION DATE: _____

GAME /CATEGORY: _____

NAME: _____

FATHER NAME: _____

DATE OF BIRTH: _____

GENDER: _____ **AGE:** _____

CNIC NO./ B FORM NO : _____

STUDENT/JOB/OTHER: _____ **CLASS:** _____

COLLEGE/UNIVERSITY NAME: _____

CONTACT NO: _____

POSTAL ADDRESS: _____

TEHSIL SPORTS OFFICER

SARGODHA

DISTRICT SPORTS OFFICE

SARGODHA