

## REGISTRATION FORM

Registration No. \_\_\_\_\_

(PLEASE FILL ALL THE ENTRIES IN CAPITAL LETTERS ONLY.)

Name of the Shooter \_\_\_\_\_

Date of Birth      Blood Group  Gender  M/F

D D M M Y Y Y Y

Photograph of the  
Shooter

Name of the School /Institution \_\_\_\_\_

If you are a student / alumni of Hallmark Public School, kindly mention your Admission No. \_\_\_\_\_

Are you a member of any Shooting Club? Yes  No

If 'Yes', kindly mention the name of the Shooting Club. \_\_\_\_\_

Name of the Father \_\_\_\_\_ Mobile No.

Name of the Mother \_\_\_\_\_ Mobile No.

Father's Occupation \_\_\_\_\_ Designation \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Designation \_\_\_\_\_

Correspondence Address \_\_\_\_\_

Source of Awareness about 'Mark-10 Talent Hunt':

Facebook  Instagram  WhatsApp  Friends  Other

### DECLARATION

I declare that: Signing this Document means that all the information provided is true. I will abide by the rules and regulations of 'Mark-10'. I accept that the managing committee shall process and file my data and that I notify the managing committee in the event of any changes in my personal details.

I have been informed and fully realize that there are inherent risks and dangers associated with this activity and that injury could result from my participation. However, I knowingly and willingly wish to participate in this activity. I represent and assure that I will take all guided and necessary safety precautions.

I hereby declare that I don't have any criminal record.

Date of Registration Form Submission \_\_\_\_\_

Signature of Father \_\_\_\_\_ Signature of Mother \_\_\_\_\_ Signature of Shooter \_\_\_\_\_

### DOCUMENTS RECEIVED:

Photocopy of DOB Certificate  Aadhar Card

Verified by \_\_\_\_\_

Signature of the Coach \_\_\_\_\_