KOTHARI INTERNATIONAL SCHOOL



Date:

B-279, B Block, Sector 50, Noida, Uttar Pradesh 201301 Tel+91-120-4082430, Mob +91-9818548495 Email-info@kotharischool.edu.in



Reference No KIS/MAY/24-25/083 Date: 02/05/20	
Dear Parent's,	
We are delighted to announce that	nt your ward. Name
_	en selected to participate in the Gautam Budh Nagar District
	uled to be held on 3th & 4th May 2024.
	·
Event Details:	
Date of Tournament:	3th & 4th
Reporting Time in School:	9:00 am
Venue:	Table Tennis Hall, Noida Stadium,
Departure Time:	9:00 am
Arrival Time:	Inform By The Coach
Coach Name and Contact No.	Ms. Poonam Dubey Mob – 9873882719
Fees for the tournament	Rs 500/-
	encouragement in fostering your child's talents and skills. We are gement and dedication your child will make the school proud in Dr Sangeeta Arora Principal
	CONSENT FORM
I hereby voluntarily perm to Participate in	nit my child of class the above-mentioned tournament /Championship. I understand
-	risks involved in sports and that accidents and injuries are
• •	•
common and are ordinary occur	rrences of sports. I hereby agree to accept all risks of injury or
mishap and verify this statement	by placing my initials here.
D	
Parents Signature	Name of the Parents: _

Phone Number: _