



Dear Parent,
Your child has been selected for participation as follows:

EVENT	KDPS Inter School U-14 Soccer Tournament	
DATES	11th – 18th April 2017	
VENUE	Kamla Devi Public School, Chola Road	
CITY	Bhopal	
CATEGORY	U-14 BOYS	
TEACHER IN CHARGE	Mr. Anand Tiwari	9039940428
DEPARTURE	11th to 18th 2017 Everyday from School	MODE Bus
ARRIVAL	Depend on the Match	MODE Bus
	TRAVEL & DEPARTURE DETAILS WILL BE SENT AS REQUIRED	
ACCOMMODATION		
AMOUNT PAYABLE		
10 April 2017	DEADLINES FOR SUBMISSION	
10 April 2017	CONSENT SLIP TO TEACHER IN CHARGE	
10 April 2017	DOCUMENTS TO TEACHER IN CHARGE	
Nil	PAYMENT TO ACCOUNTS DEPARTMENT	

Kindly note the details and send us the signed CONSENT FORM. The child will be marked: OSD – On school duty during the days of participation of the event.

Anand Tiwari
Teacher In charge

Pratibha Lalwani
Head of Activity

CONSENT FORM

I, parent ofof class section do hereby give consent for my child to participate in and agree to make the payment as per the deadline above. I know the details of the event and agree to them. I permit school to register my child for the event, make travel arrangements and process paperwork as required for the event.

Parent Name:.....

Event

Parent Signature..... Date.....

Mobile No. of Parent 1..... 2