

**The Vidya Sagar Adventure Trophy**

Name of the Organization: _____

Address: _____

Telephone no: _____ Fax: _____

Number of teams:

Contact person for team I: _____

Contact number: _____ Email: _____

Contact person for team II: _____

Contact number: _____ Email: _____

Amount enclosed: Rs: _____ Payment Mode: _____

Cheque/DD No: _____ Dated: _____

Drawn on: _____

(Cheque/DD to be made in favour of "Vidya Sagar", payable at Chennai)

Please send the completed form with
cheque/DD of the requisite amount to:Ms Rohini
Vidya Sagar
No 1, Ranjith Road, Kotturpuram,
Chennai – 600085

Phone: 91-44-22354980/4784/4785

Signed on behalf of the Company by:

Name:

Designation:

Contact No.:

Signature: