



SINGLES

(A Company Incorporated u/s 25 of Companies Act, 1956)

Regd Office : Wankhede Stadium, 'D' Road, Churchgate, Mumbai – 400 020

Email : info@garwareclub.co.in

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Tel : 022-6900 3232

GCH HOME CHALLENGER SERIES 2025 (Home Table-Tennis Tournament)

FRIDAY – 21st, SATURDAY – 22nd & SUNDAY – 23rd FEBRUARY, 2025

SINGLES EVENTS ENTRY FORM

(Please submit separate Doubles Entry Form for ALL Doubles Events)

Name of the Participant :	<input type="text"/>	D.O.B. :	<input type="text"/>
Name of the Member :	<input type="text"/>	Mship # :	<input type="text"/>
Mobile # :	<input type="text"/>	Alt. Mobile #:	<input type="text"/>

Please tick the EVENTS you wish to participate in :

ENTRY FEE Rs. 125/- (AI) PER SINGLES EVENT

Event #	Category	Age Group	<input checked="" type="checkbox"/>
1	Veterans (Above 49 yrs)	Born on or before 31.12.1975	<input type="checkbox"/>
2	Veterans (Above 39 yrs)	Born on or before 31.12.1985	<input type="checkbox"/>
3	Mens (Open)	No Age Limits	<input type="checkbox"/>
4	Womens (Open)	No Age Limits	<input type="checkbox"/>
5	Womens (Above 29 yrs)	Born on or before 31.12.1995	<input type="checkbox"/>
6	Boys Under 21 yrs	Born on or after 01.01.2005	<input type="checkbox"/>
7	Girls Under 21 yrs	Born on or after 01.01.2005	<input type="checkbox"/>
8	Junior Boys Under 19	Born on or after 01.01.2007	<input type="checkbox"/>
9	Junior Girls Under 19	Born on or after 01.01.2007	<input type="checkbox"/>
10	Sub-Junior Boys	Born on or after 01.01.2011	<input type="checkbox"/>
11	Sub-Junior Girls	Born on or after 01.01.2011	<input type="checkbox"/>
12	Cadet Boys	Born on or after 01.01.2013	<input type="checkbox"/>
13	Cadet Girls	Born on or after 01.01.2013	<input type="checkbox"/>
14	HOPE Boys	Born on or after 01.01.2015	<input type="checkbox"/>
15	HOPE Girls	Born on or after 01.01.2015	<input type="checkbox"/>
	PLEASE USE DOUBLES FORM	FOR MIXED, JUMBLED & FAMILY DOUBLES	

Total Singles Events Participated in

X ₹ 125/- =

Date : __ / __ / 2025

Signature of Participant :

FOR OFFICE USE ONLY

No.:

Receipt No :

Membership No. :

Date :

Staff Signature :