



REGISTRATION FORM

Please complete (type) one form per membership and email to Info.ootmindia@gmail.com;

School Name _____

School Address _____

City, State _____ Postal Code _____

Mail id _____

COORDINATOR INFORMATION

First Name _____ Last Name _____

Phone No. _____ Email _____

Principal name with Signature & contact no.

School Stamp

Coordinator Signature



Team and Coaches Information Form

Please complete one form per team and email it to Info.ootmindia@gmail.com:

Institution Name _____ Membership No. _____

Address _____

City, State _____ Postal Code _____

Name of Long-Term Problem _____ Age Group _____

COACHES INFORMATION

Coach1 : Name _____

Phone _____ Email _____

Coach2:Name _____

Phone _____ Email _____

STUDENT INFORMATION

Student Name (First Name & Last Name)	Grade/ Std.	DOB (dd/mm/yyyy)	Age (Y/M) (as on May 1, 2025)
1			
2			
3			
4			
5			
6			
7			

***Formation of A team- Minimum 5 students and maximum 7 students**

