



Holi Track & Field Event 2012 Registration Form

A World Hindu Council initiative supported by Mangal Mandir and Durga BalGokul

Please list your name in each sport you are participating

Game	Participants Name(s) (Age) (M/F)
Basketball	
Relay Race -- Family/Friends (100 mt x 4)	
Cricket soft ball	
Running Throw Ball in pair	
Tug of War	
Sack Race -- Lemon Spoon Relay	
Football with touchdown dance	
Two legged Race	
Soccer	
Paper Plane/Rocket Competition	
Kho-Kho	
Pittu or Lagori	
Kite Flying	Open to all
Spectator(s) (Non-participants)	

*Individual(s) not participating in the games should give their names as Spectators. They will have opportunity to participate in games depending upon on the free slots available.

Total Attendees #: ____ X \$7.00 = _____; **Payment mode:** Cheque (), Ch# _____, Cash ()
Cheque payable to: VHPA

Parents /Guardian's Information:

Father/Mother/Guardian's Name:	Tele #:
Email ID:	Emergency Contact Name & #:
Address:	

Event Details: Date: April 29, 2012, Time: 1.30pm to 7.30pm

Venue: Gwendolyn E. Coffield Community Recreation Center

2450 Lyttonsville Road, Silver Spring, Maryland 20910; Venue Contact #: 240-777-4900

Website: http://www.montgomerycountymd.gov/rectmpl.asp?url=/content/rec/Recipix/gwendo_cen.asp

Charge: \$7.00 per person RSVP by (Form and Fees Due by): March 31st 2012

(includes Indian Dinner) **Late Fee: \$3.00 per person (Optional donation to support-a-child program)**

No charge for kids below 5

THE FOLLOWING MUST BE SIGNED BY THE HEAD OF THE HOUSE / PARENT/GUARDIAN AND ADULTS OVER 18 YEARS OF AGE.

I, the undersigned, hold VHPA Inc, and Montgomery County in the State of Maryland, harmless for any and all liabilities arising out of me and/or/my children's participation in the Track & Field activities. In the event of any medical emergency, any medical help available to the organization may be used. I will be responsible for all the medical and related expenses. I, hereby, release VHPA and Montgomery County from any and all claims. I also agree to abide the rules provided to me along with the registration form.

Name: _____ Signature _____ Date _____