



# GUJARAT UNIVERSITY

DEPARTMENT OF YOUTH WELFARE

## ZONAL / INTER ZONAL YOUTH FESTIVAL (2024-25)

### TEAM REGISTRATION FORM

1. Name of the Zone : \_\_\_\_\_
2. Name of the College : \_\_\_\_\_
3. Number of Participants: \_\_\_\_\_

	Male	Female	Total
Student Participants			
Accompanists (Student + Professional)			
Team Manger			
Total Contingent			

#### 4. Details of Principal:

Name :
Contact No. :(M)(O)
Email Id :

#### 5. Details of Prof. In- Charges (Team Managers):

<b>Team Manager:</b>
Name :
Contact No. :(M)
Email Id :

<b>Lady Team Manager:</b>
Name :
Contact No. :(M)
Email Id :

Date:

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Stamp & Signature of the Principal