







Name of participants	
Date Of Birth	PHOTOGRAPH
Blood Group	
T Shirt's Size	
Parent Name	
Address	
School and Other's Name	
Mobile No12	
Secondary Contact source in case of an Emerge	ency:
Name:Mobile No	
Parent's Signature	
Date:	
Place:	

ROURKELA CYCLING ASSOCIATION

To join the cyclothon, simply download and fill out the registration form from RMC Website (www.rmc.nic.in/) or our social media handle. You can submit it Via email (pdf only) to pmurmc@gmail.com or in hard copy at the "Mo sarkar cell" of the RMC office before 5 pm on December 26th.(racing cycles are not allowed)