



The University of Lahore
Sports Training Camp Participation Form

Date: _____

Student Name: _____ Registration no. _____

Faculty: _____ Department: _____

Semester: _____ Camp Duration (days/weeks): _____

Camp timing: _____

Describe the Sporting event the camp is being held for.

Students Signature	Sign and Stamp of Coach
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Sign and Stamp of Sports Coordinator

Classes expected to be missed: (attached separate sheet if necessary)

Subject	Class Timing	Teacher Name

Sign and Stamp of Program Coordinator

Sign and Stamp of Head of Department