



Namaste Delhi Jadoo Utsav

By INDIAN BROTHERHOOD OF MAGICIANS (Regd.)

12th & 13th September 2020 NEW DELHI

DELEGATE REGISTRATION FORM Please POST AT

INDIAN BROTHERHOOD OF MAGICIANS F-20, Kirti Nagar, New Delhi - 110015 (INDIA)
or send your form email at : delhijadooutsav@gmail.com Mob. : 97180 89849

TITLE : Mr.Mrs.Miss.Master.

Name _____


Stage Name _____ Date of Birth/Age _____

Address _____

Mobile _____ Email _____

I am registering for the following categories : (Please Tick Mark)

HOTEL FEE NOT INCLUDED

| PARTICULARS | AMT. | DETAILS |  Special Delegate Offer Donate Rs. 5100/- in the Magician's Welfare Account & become hon'ble guest |
|---|--------|--|--|
| DELEGATE FEE (Male) | 2300/- | Rs. 1600/- IBM Rs. 700/- to be credited in Magician's Welfare A/c. Unit of Jadoo Kala Trust | |
| IBM Member/Sr. Citizen/Ladies/Asstt. /Spouce | 2000/- | Rs. 1500/- IBM Rs. 500/- to be credited in Magician's Welfare A/c. Unit of Jadoo Kala Trust | |
| Dealer Stall | 2800/- | 10 a.m. to 6 p.m. for two days (already booked) | |
| Senior Competition (Free for Poor Magicians) | 600/- | Duration Time 10 Minute, Age 16 & above Proof of Age (Certificate Must) | |
| Closeup Magic | 500/- | Duration Time 10 Minute, Age 16 & above Proof of Age (Certificate Must) | |
| Junior Competition (Free for Poor Magician) | 300/- | Duration Time 10 Minute, Age 5 to 15 years Proof of Age (Certificate Must) | |
| Ladies Competition Souvenir Advertisement/ Other Donation | 100/- | Duration Time 5 Minute, Age (No Bar) Fill the amount of type of adv. you wish to select/or donation for जादू कल्याण कोष | |
| Total Amount | | Last Date : 31st May 2020 after that 2500/- upto 31st July & no rebate | |

No Free accommodation Hotel Stay for 2 days Rs. 700/- & 3 days for Rs. 1000/- (Tripple Sharing)

NEFT / IMPS / Deposit to be made in favour of INDIAN BROTHERHOOD OF MAGICIANS

State Bank of India Account No. 34741102316 (Moti Nagar Branch IFSC : SBIN 0001277)

Documents to be sent alongwith Registration Form ---- Deposit slip, Two Pass Port Size Photograph, Copy of Address Proof.
by email : delhijadooutsav@gmail.com.

I, Magican.....hereby declare that the above information is true to the best of my knowledge.
I agree to abide by the rules, regulations of the IBM Society & Decision of the organizing committee.



PLACE.....

DATE.....

FULL SIGNATURE WITH NAME