



ST. THOMAS' SCHOOL
DWARKA

Cir No.: STS/166/2024-25

30.01.2025 (Thursday)

Dear Parent

This is to inform you that your ward has been selected to participate in **Delhi State Yogasana Championship 2025** to be held at **DDA Sports Complex, A-6 Paschim Vihar, New Delhi** from **06.02.2025 (Thursday) to 07.02.2025 (Friday)**.

Please Note:

- Parents have to pick their ward from the venue after the event.
- Entry Fee: ₹ 500/- and ₹ 100/- per event.

For any queries, please contact: Ms Ritu Vohra: 9971645006

Ms Meneka I. Singh
(Principal)

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CONSENT SLIP FOR CIR NO.: STS/166/2024-25

I, Ms./ Mr. _____ Parent /Guardian of _____ of Class _____
am interested in my ward's participation in **Delhi State Yogasana Championship 2025** to
be held at **DDA Sports Complex, A-6 Paschim Vihar, New Delhi** from **06.02.2025**
(Thursday) to 07.02.2025 (Friday).

I, hereby, undertake that I have no objection in participation of my son/ daughter in the
above said game. I also hereby, undertake that I am sending him/her at my own risk and
school authorities are not responsible in case of any mishap.

Parent's Signature: _____

Parent's Mobile Number: _____