



# Karnataka State Lawn Tennis Association

CUBBON PARK, BANGALORE-560 001

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E-mail : info@kslta.com

**ADMISSION  
FORM**

## SWIMMING SUMMER COACHING CAMP-2018

2<sup>nd</sup> Apr to 2<sup>nd</sup> Jun – 2018

1. Name of the Trainee \_\_\_\_\_

2. Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

3. Name of Father \_\_\_\_\_ Name of Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Off. Address : \_\_\_\_\_ Off. Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. Nos. \_\_\_\_\_ Tel. Nos. \_\_\_\_\_

4. Residential Address : \_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

5. No. of years playing \_\_\_\_\_ Place where : \_\_\_\_\_

6. Name of School / College : \_\_\_\_\_

7. Whether Father / Mother is a  
Members of the Association Yes / No

8. If Yes, Name & Membership No.:.....

9. Morning Session \_\_\_\_\_ Afternoon Session \_\_\_\_\_ Evening Session \_\_\_\_\_

Time..... Time..... Time.....

Signature of the Applicant \_\_\_\_\_ Signature of Parents \_\_\_\_\_ Signature of Coach \_\_\_\_\_

**(For Office use only)**

Receipt No. \_\_\_\_\_ Cheque / Cash \_\_\_\_\_ No. \_\_\_\_\_

Date :

Rs. :

**Hon.Jt.Secretary**