

MANDPESHWAR CIVIC FEDERATION
APPLICATION FORM FOR ENROLMENT IN KICK BOXING CLASS

- 1) NAME OF THE APPLICANT : _____
- 2) P.M./L.M./ASSOC/A.M. NO. : _____
- 3) DATE OF BIRTH : _____
- 4) TELEPHONE NOS. : _____
- 5) CATEGORIES & FEES :

A) MEMBERS

Monthly - Rs. 886/-

Quarterly - Rs. 2,656/-

B) NON-MEMBERS

Monthly - Rs. 1,770/-

Quarterly - Rs. 5,310/-

Days : Mon./Wed./ Friday : Timings : Morning : 7.00 a.m. to 8.00 p.m. Evening: 7.00 p.m. to 8.00 p.m.

ALL THE ABOVE FEES INCLUDE GST@ 18%

I hereby agree to abide by all the rules of the Kick Boxing Class and I will be very regular in attending the Coaching Sessions

FEE PAID :Rs. _____ (By Cash / Cheque No. _____ Dated : _____ Drawn on _____

(Signature)

Receipt No. : _____ Date: _____ Valid Date: From _____ to _____

(Authorized Signatory)