

SILIGURI TABLE TENNIS ACADEMY

44,RABINDRA SARANI:: SILIGURI-6

PHONE: 03532593463: 9932287202

Academy Website:: www.slgttacademy.org

ADMISSION FORM

(Kindly read properly)

1. Name of the Applicant (Capital Letter) :.....
2. Father's Name :.....
3. Present Address :
4. Phone No :
5. Date of Birth :
6. Name of the School :
7. Class :
8. Whether Registered player of Any Club or Association:

Declarations::

I do hereby agree to abide by the Rules and Regulation of Siliguri Table Tennis Academy:

Signature of Guardians

Signature of Player

PRIMARY RULES

1. **Monthly Subscription is to paid within the Month.. If paid in Next Month Fine is to be given Rs 50/- If Subscription due for 2(two) month , Membership will be cancelled and for further membership (Pending dues + Rs 500.00) is to be paid** 2. **Practice Timing from 4 PM to 6-30 PM every day Except Sunday. Morning practice may allow on Extra Payment basis.** 3. ~~Decision~~ **Decision of Coaches is final.**

Date of Admission ::.....

Signature of guardians