

Gender ☐ Boys ☐ Girls

School Name: _____

Name of the Participant: Last Name

 First Name

 Middle Name



School SFA ID*: _____ Student SFA ID*: _____

Participant's
Residential Address: _____

Date of Birth: Height: _____ Weight: _____ Kg. Blood Group: _____ Age: _____
 Day Month Year (Feet & Inches)

Participant Contact Information:

Mob: _____ Res: _____

E-mail: _____

Emergency Contact (Parent / Guardian):

Name: _____

E-mail: _____

Mob: _____ Res: _____

Please tick the appropriate option (mentioned in the box below)

<input checked="" type="checkbox"/>	Centre	Days	Timings
<input type="checkbox"/>	Emerald Club, Chembur	Monday, Wednesday, Friday	4 pm - 5 pm / 5 pm - 6 pm
<input type="checkbox"/>	Merchant Gymkhana, Vashi	Tuesday, Thursday, Saturday	4 pm - 5 pm / 6 pm - 7 pm
<input type="checkbox"/>	P.J Hindu Gymkhana, Marine Lines	Monday, Wednesday, Friday	3 pm - 4 pm / 4 pm - 5 pm

Please tick the appropriate option (mentioned in the box below)

<input checked="" type="checkbox"/>	Duration	Fee
<input type="checkbox"/>	1 Month	Rs.3000 + Taxes
<input type="checkbox"/>	3 Months	Rs.8100 + Taxes
<input type="checkbox"/>	6 Months	Rs.15000 + Taxes

For Official Use Only

Form No.:

Date: _____

Inwards No.:

SFA Rec Stamp

For Any Query Contact Us