



THUNDERBOLTS DEVELOPMENT CENTER DHAPAKHEL, LALITPUR.

THUNDERBOLTS DEVELOPMENT CENTER FOOTBALL WORKSHOP

INTRODUCTION TO COACHING

Personal Information

1. Full Name: _____
2. Email Address: _____
3. Phone Number: _____
4. Date of Birth: _____
5. Address: _____

6. Gender:
☐ Male ☐ Female
7. Emergency Contact Name: _____
8. Emergency Contact Number: _____

Football Experience

9. Do you have prior football playing experience?

☐ Yes ☐ No

If yes, please specify (e.g., level of play, years of experience):

10. Do you have prior coaching experience?

☐ Yes ☐ No

If yes, please specify (e.g., level coached, certifications held):

11. What is your primary reason for joining this course/workshop?

- ☐ To become a certified football coach
☐ To improve coaching skills
☐ To learn football tactics and strategies
☐ Other (please specify):



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Payment Information

12. **Total Fee:** 3,000/-

13. **Payment Method:**

☐ Bank Transfer (QR)

☐ Cash



Additional Information

14. **How did you hear about this course/workshop?**

☐ Website

☐ Social Media

☐ Friend/Colleague

☐ Advertisement

☐ Other (please specify):

15. **Do you have any medical conditions or allergies we should be aware of?**

☐ Yes

☐ No

If yes, please specify:

Declaration

I hereby confirm that all the information provided above is accurate and complete. I agree to the terms and conditions of the football coaching course/workshop.

Signature: _____

Date: _____
