



INTERNATIONAL CLUB

BHEL, HARIDWAR-249403

www.icshwr.co.in

ENROLMENT FORM - SWIMMING COACHING CAMP

NAME OF CANDIDATE _____

SEX: MALE/FEMALE _____ DOB _____ AGE _____ YEARS

S/O, D/O SH/SMT _____

WARD (CLUB MEMBER / BHEL EMPLOYEE / OTHER) _____

MEMBERSHIP NO. (FOR CLUB MEMBER) _____

STAFF NO.(FOR BHEL EMPLOYEES) _____

Reference of BHEL Employee (in case of NON-BHEL) :

NAME : _____ Staff no. _____ Signature _____

SCHOOL NAME: _____

CLASS : _____

RESIDENTIAL ADDRESS _____

PHONE NO : LANDLINE _____ MOBILE _____

E-MAIL ADDRESS : _____

BATCH PREFERENCE: Batch-1

Batch-2

TIMING PREFERENCE: Group-A B C D E

CONTROL NO : ___ / ___

(TO BE FILLED BY CLUB)

(SIGNATURE OF PARENTS)

RECEIPT

RECEIVED RS _____ (RS _____ ONLY)
TOWARDS SWIMMING COACHING CAMP FEES.

NAME OF CANDIDATE _____

S/O, D/O SH/SMT _____

CONTROL NO : ___ / ___

(FOR INTERNATIONAL CLUB)