



Participation Form

Keep-Fit Activities 2016

Name of Applicant: * Mr/Mrs/Miss
 (* Delete as appropriate and Surname in Block Letters)

Designation: **Tel Off:** **Fax:**

Ministry/Department:

Office Address:

Residential Address:

Email Address: **Tel (Res):** **Mob: ****

** (Mobile number is important, so that you may be easily contacted after working hours including Saturdays, in case of any inconveniences, i.e. bad weather conditions, absence of Instructor, etc..)

Please tick (✓) where appropriate

Activities	Groups	Fees per participant
Yoga One hour Session per week	Sat – 09 00hrs to 10 00hrs <input type="checkbox"/>	Rs 550
Dress Code: T-Shirt + Legging/Tracksuit <i>(Each participant should bring his/her own mat)</i>		
Bolly Aero One hour Session per week	Sat – 11 00hrs to 12 00 hrs <input type="checkbox"/>	Rs 850
Dress Code: T-Shirt + Legging/Tracksuit + Flat Shoes <i>(To bring towel and water)</i>		
Zumba One hour Session per week per group	Group A Sat – 13 00hrs to 14 00hrs <input type="checkbox"/>	Group B Sat – 14 05hrs to 15 05hrs <input type="checkbox"/>
Dress Code: T-Shirt + Legging/Tracksuit + Flat Shoes <i>(To bring towel and water)</i>		

Date:

Signature of Applicant:

For office use only

Amount paid: _____

Receipt No.: _____

