Registration Form

Cricketing Academy Of Bangalore

Andrahalli Main Road, Vishwaneedam Post,Bangalore- 560091,
Ph: 9886022540, 9740848454

1. Name of Applicant (IN Block Letters).....

2. Father / Mother Name.....

3. Age.....Date of Birth.....

4. Residential Address.....

.....

5. Cell No. :.....E-mail:.....

6. Emergency Contact:

Name..... Relationship:.....

Address..... Phone :.....

..... Cell :.....

7. Any Health Problem: Yes No

If Yes, Give Details: .....

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8. Batch Timings (Annual / Summer Camp)

1. Morning :

2. Evening :

9. Name of School / College :.....

10. Transportation: Yes / No

11. Fees Not Refundable.

Date :

Place : Parent Signature Applicant Signature

For Office use only

Receipt No.:..... Amount Paid :.....

Batch Timings:..... Date : .....

Receiver's Signature