TWK X FUTSALRANGE FOOTBALL ACADEMY

REGISTRATION FORM

PHOTO
(1" X 1"

Membership No: _____

1. Name: _____ D.O.B.___/__/____(D/M/Y) Age: _____
2. Father / Mother Name _____ Father Occupation_____
3. School Name: _____. Address:_____
4. Nationality: ☐ Pakistani ☐ Other: _____ (mention Country name)
5. CNIC / Passport No:

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6. House Address: _____
7. Contact No._____Emergency Contact No. _____
8. **Documents to be attached**:-
   a. 1x Copy of **Form B / Birth Certificate / CNIC /Passport** (any one)
   b. 3x Photographs (size 1" x 1")

TERMS & CONDITIONS

9. **Membership Charges**

Registration Fee **Rs. 2000**

Monthly Fee: **Rs. 6000**

10. **Where did you get information about our Futsal Academy?**

☐ Social Media ☐ Family & Friend ☐ Outdoor Marketing ☐ word of mouth

Signature of the applicant / Parents: _____

For any Query please feel free to contact on Ph No. **0301-0407777**