



**ALL ASSAM TENNIS ASSOCIATION
ALL ASSAM TENNIS ASSOCIATION COMPLEX
VIP ROAD, CHACHAL
GUWAHATI - 781036**

Admission Form for Tennis Playing Facility

1 Name of Applicant: _____
(Full name in block letter)

2 Gender: _____

3 Date of Birth: _____
(DD/MM/YYYY)

4 Father's Name: _____

5 Occupation of Father: _____

6 Designation of Father: _____

7 Name of Business/Office: _____

8 Office Address: _____

Mobile No: _____

9 Mother's Name: _____

10 Occupation of Mother: _____

11 Designation of Mother: _____

12 Name of Business/Office: _____

13 Office Address: _____

Mobile No: _____

14 Residential Address: _____

_____ Pin: _____

Mobile No : _____

15 Address for Communication:

Office Address

Father

Mother

Residence

16 TENNIS PLAYING FEES (QUARTERLY) (NON REFUNDABLE)

BEGINNERS	4 DAYS A WEEK	RS 3750/-	(Tue/Thur/Sat) or (Wed/Fri/Sun)
ADVANCE	6 DAYS A WEEK	RS 5400/-	Tue to Sun
TOURNAMENT	6 DAYS A WEEK	RS 6900/-	Tue to Sun
ENTRANCE FEE		RS 9000/-	(NON REFUNDABLE)
RENEWAL FEE (ANNUAL)		RS 2500/-	(NON REFUNDABLE)

17 EDUCATIONAL DETAILS:

Present Class: _____

Name of the School with Address: _____

18 In respect of the coaching being provided to my ward by AATA, I undertake to abide by all the existing rules and regulations of All Assam Tennis Association and amendments thereof from time to time, for my ward playing tennis in the Complex and its centers. The coaching is being undertaken at my own risk. The Hon. Secretary reserves the right to cancel playing right without assigning any reason. The courts will not be available during the tournaments.

I confirm that the play is at my own risk and that I shall not hold AATA responsible for any injury / bodily harm suffered in the premises.

Date:

Signature of Parent

FOR OFFICE USE ONLY

1 Admission approved (Intials Hon. Secretary: _____)

2 Received Rs _____ By Cash / Cheque no _____ dated _____

Receipt No. _____ Dated _____ as tennis playing fee.

3 Total amount received: _____

Cashier

Advisor