

SHOOTING & ARCHERY TRAINING – REGISTRATION SLIP

(Please submit filled in slip along with amount to the class teacher for participation)

l,	agree to send my ward, whose details are given below,			
for the Shooting & Archery training course.				
Name:	Class _	Sec	of	Branch.
I am sending herewith the amount of KD	_ as the training course fee formonth/s			
Telephone No. Mob. 1	2	Residence		
Signature of Parent		Data		