



**Arvind Gupta DAV Centenary Public School**  
**Model Town, Delhi-110009**



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Ref. No. : AGDAVCPS/2015-16/C.No -23

Dated: 11-05-2015

Dear Parents,

We are pleased to inform you that **Arvind Gupta DAV Centenary Public School, Model Town** is organising **Summer Camp** for sports in school campus from 18<sup>th</sup> May to 18<sup>th</sup> June, 2015 under the qualified professional coaches.

Games	Days	Timings	Fee
Cricket	Monday to Saturday	7:30 a. m. – 9:30 a.m.	1500/-
Table Tennis	Monday to Saturday	7:30 a. m. – 8:30 a.m.a.m.(Batch I) 8:30 a.m. – 9:30 a.m.(Batch II)	1500/-
Skating	Monday to Saturday	7:30 a. m. – 8:30 a.m.a.m.(Batch I) 8:30 a.m. – 9:30 a.m.(Batch II)	1500/-
Football	Monday to Saturday	7:30 a. m. – 8:30 a.m.a.m.(Batch I) 8:30 a.m. – 9:30 a.m.(Batch II)	1500/-
Karate	Monday to Saturday	7:30 a. m. – 8:30 a.m.a.m.(Batch I) 8:30 a.m. – 9:30 a.m.(Batch II)	1500/-

- Fee should be deposited with Mr. Sandeep Mathur before 18/05/2015.
- For Registration/Further Information please contact School Reception 011-27455245, 27430540 or Mr. Sandeep Mathur (9958824545) respectively.

**REGISTRTION FORM**

Name of student \_\_\_\_\_ Fathers' name \_\_\_\_\_  
Date of birth \_\_\_\_\_ Class \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone no Resi \_\_\_\_\_ Mobile \_\_\_\_\_

**UNDERTAKING**

I Mr. /Mrs. \_\_\_\_\_ parent of \_\_\_\_\_ certified that my son/ daughter/ ward/is joining Sports academy with my consent and approval. It is also certified that my ward is not suffering from any chronic, contagious disease The organizers/school authorities will not be held responsible for any illness or accident during and after coaching.

**SIGNATURE OF THE STUDENT**

**SIGNATURE OF THE PARENT/ GUARDIAN**

Place \_\_\_\_\_

Date \_\_\_\_\_

Relation with student \_\_\_\_\_

**PRINCIPAL**