



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



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Ref. No. : AGDAVCPS/2016-17/C. No -17

Dated: 10-05-2016

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 23<sup>th</sup> May to 24<sup>th</sup> June, 2016 under the qualified professional coaches.

Games	Days	Timings	Fee
Cricket	Monday to Friday	7:30a. m. – 09:30 a.m.	1500/-
Table Tennis	Monday to Friday	7:30 a.m. – 08:30 a.m.(Batch I) 08:30 a.m. – 09:30 a.m.(Batch II)	1500/-
Skating	Monday to Friday	8:00 a.m. – 09:00 a.m.(Batch I) 09:00 a.m. – 10:00 a.m.(Batch II)	1500/-
BasketBall	Monday to Friday	7:30 a.m. – 08:30 a.m.(Batch I) 08:30 a.m. – 09:30 a.m.(Batch II)	1500/-
Physical Fitness (Weight loss & gain)	Monday to Friday	7:30 a.m. – 08:30 a.m.(Batch I) 08:30 a.m. – 09:30 a.m.(Batch II)	1500/-

- Fee should be deposited with Mr. Sandeep Mathur before 20/05/2016.
- For further information please contact School Reception 011-27455245, 27430540 or Mr. Sandeep Mathur (9958884545, 9958824545)

**PRINCIPAL**

**REGISTRTION FORM**

Name of student \_\_\_\_\_ Fathers' name \_\_\_\_\_ Game : \_\_\_\_\_  
 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 \_\_\_\_\_