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மத்திய மாகாண விளையாட்டு வளாகம் - திகன
Central Province Sports Complex - Digana

Central Province Sport Complex
Digana, Rajawella - Telephone No - 081-2052550
Email - info@cpsportscomplex.lk

APPLICATION FOR THE MEMBERSHIP

1. Name (Mast/Miss/Mr/Mrs.):- ----------
2. Date Of Birth :- ----------
3. NIC Number :- ----------
4. Name of School/Institute :- ----------
5. Name of Parent/Guardian/ Institute Head :- ----------
6. Name of Coach :- ----------
7. Address :- ----------
8. Email :- ----------
9. Telephone Number :- Mobile :- ----------
   Home :- ----------
   Office :- ----------

10. Facility	GYM		Ground		Swimming Pool		
11. Membership Period :-	Monthly						
12. Membership Type :-	School		Adults		Family	Foreign	

I Shall not hold the management or the staff of the Provincial Sports Complex responsible Authority for any injuries or damages caused to me in process of training.

I hereby inform that I agree to use the facilities of the sports complex subject to the conditions imposed by the governing body of the Digana sports complex and which will be imposed in the future.

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Date Signature of Applicant

---------- parent/ guardian do here solemnly undertake to have all subscriptions or other dues owing to the Provincial Sports Complex Authority paid upon being called on to do so.
I hold my self responsible for any act or misconduct within the Provincial Sport Complex premises.

Parent/ Guardian

Note

** *If you are suffering from any illness which makes swimming dangerous, please refrain from obtaining membership.*

** *The members are permitted to use swimming pool throughout the week between 06.00 AM to 18.00 PM.*

For Office Use Only

Membership Number	**CP-DSC -**

Payments Details Including Registration Fees

Approved Date	Receipt No	Amount	Authorized Officer

Subject Officer :- ----------

Approved By :- ----------
Director/Manager of
Sports Complex