## **November Holidays Table Tennis Camp (2 days)**

by Singapore Table Tennis Association (STTA)

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The aim of this training camp is to promote and raise the level of the table tennis sports, as well as to develop talents from young.

**Camp Details** 

Date : 25 & 26 November 2019, 9.00am to 4.00pm

Venue : Clementi Sports Hall (Table 7-10)

: 518 Clementi Avenue 3

Telephone : 6354 1014

Email: tabletennis@stta.org.sg

Fees / Training Camp: \$139.10 per pax (early bird rate by 27 Sep 2019)

\$160.50 per pax (normal rate from 28 Sep to 15 Nov 2019)

Fees inclusive of GST, Lunch & Goodie Bag

Entry Age : Children from 5 to 12 years old

Maximum of 50 registrations for each training camp, player to bring his own racket and dressed up in sports attire.

Kindly note that the Training Camp will only commence with a minimum registration of 10 pax per class.

No refund of fees for the training camp will be entertained for all reasons including medical leave, illness, injuries, shool holidays and etc. Unless STTA decides to cancel the class due to insufficient participants.

\*\*Registration form(s), together with payment (<u>cheque only</u>) to be submitted to STTA office. Please make the cheque payable to 'STTA'. Alternatively, you may send it to us via postal mail to: Singapore Table Tennis Association, 297C Lorong 6 Toa payoh S(319389) \*Upon receiving all completed documents and cheque, a confirmation email will be sent to you.

Registration Close: 15 November 2019, 12noon						
PERSONAL PARTICULA	RS_				Affix Pho	to Horo
Name of Participant					AIIIX FIIO	io neie
Address					Postal	
Tel No.		ı	Home			Mobile
Email Address						
Date of Birth			Place of B	irth		
Nationality			Height			ст
Food Allergies ( for lunch preparation):						
ACADEMIC HISTORY						
School			Level			
Playing Experience ?	Yes / No	If Yes, please fill in			Times / per w	veek

IN CASE OF EMERGENC	Y, PLEASE CONTAC	<u>T :</u>			
Name					
Tel No.			home		mobile
Relationship					
To be completed by Pare	ent/Guardian of Partic	ipant.			
I,		(Name),	(	(NRIC) declare that I am t	he
parent/guardian of the applic participation.	cant and certify that his/h				
INDEMNITY					
In this declaration, I hereby a appointed staff or officials re howsoever arising out of or i organisers and their appoint expenses which may be broad	sponsible or liable in any n the course of or in con ed staff and officials from	way for any rection with the and against a	mishaps, injuries, loss of lif ne above activities; and I sl any actions, proceedings, l	fe, loss of or damage to ar hall indemnify the above n liabilities, claims, damage	ny property nentioned
					-
Signature of Parent/Guard	ian			Date	
For Official Use:					
Receipt No:		Collected by:		Date:	