

Application Form

Student Name [Chinese]: ______* [English]: _____*

Age: ______* Gender: _(M / F) Date of Birth: ____(DD/MM/YYYY)*

Name of Office/School: _____* Position/Class: _____*

Address: ______*

Name of Parent: _____* [This column is only suitable for the student who is under Age18]

Mobile Phone: _____* Home phone: ____*

Facebook: _____*

Email: _____*

Swimming Class Information

Put '\substitements* in the box

Method of Submission

Private□

This application form can be downloaded from the following web site.:www.afish.com.hk
Please kindly fill in this application form and attached your copy of deposit slip through one of the following methods and then sent back to us:

Other□

Parent-and-baby□ Small-group□ Race□

1. By Email: info@afish.com.hk

2. By Fax: 3013-8317

3. By Post: P.O. Box 89357 Kowloon City

Note: All the application form and payment should be received by Chief Swimming Coach

You may deposit to our **BACK OF CHINA "012-782-100-797-08"**

