

Application Ser No

From

To Secretary
Bareilly Club Ltd
Bareilly

APPLICATION FOR PLUNGE BATH PASS

1. I may please be issued a Plunge Bath pass for myself and my family as per details given below:-

Ser No	Name (with rank wherever applicable)	Date of birth	Age	Sex	Relationship	Remarks/swimmer /weak swimmer/Non swimmer)

Note: Swimming Pool charges are @ Rs.600/- per head per month.

2. Two photos of 2" x 3" are enclosed for necessary action please.
3. Card required for ----- number of days/months.

Residential Address

(Sign of applicant)

Name

Membership No. -----

Address -----

Date

Mob No

UNDERTAKING

1. Certified that my ward/wards is/are not suffering from any Skin disease, Epilepsy, Seizure diseases and information given above is certified as correct.

Signature

MEDICAL CERTIFICATE

Certified that I have examined above named individuals and found them fit for issue of swimming passes.

Signature

(Name, designation and stamp of the
authority endorsing the Medical Certificate)