

ATSAP REFERRAL FORM

MEMBER DETAILS

FIRST NAME

LAST NAME

CONTACT NO.

DONATION AMOUNT

APPLICANT DETAILS

FIRST NAME

LAST NAME

AGE

GENDER

ADDRESS

CONTACT NO

INCOME CERTIFICATE

TALENT TYPE:
(Select one)

Sports

Non-sports

CATEGORY:

Athletics

- Cricket

- Baseball

- Kabaddi

- Badminton

- Tennis

- Boxing

- Volley Ball

- Coco

- Power Lift

- Chess

- Weight Lift

- Hockey

- Football

Other (*specify*)

DESCRIBE THE TALENT OF REFERRED APPLICANT

PAST/CURRENT ACHIEVEMENTS

Are you attaching picture of achievements ?

Yes

No

Are you attaching videos of achievements ?

Yes

No