CENTRO HISTÓRICO

SOLICITUD DE INSCRIPCIÓN

FECHA DE INGRESO: |___|___| / |___|___| / 200|___| MODALIDAD DE PAGO:________________________________

NOMBRE COMPLETO: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

A PATERNO   MATERNO

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

NOMBRES

DIRECCIÓN |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

CALLE   NO.   COLONIA

|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

ESTADO O MUNICIPIO   C.P

TELÉFONO: |___|___|___|___|___|___|___|___| extensión: |___|___|___|___|___|

TELÉFONO CELULAR: 044-55 |___|___|___|___|___|___|___|___|

E-MAIL:________________________________

ACTIVIDAD: HORARIO: ____________________

|___| YOGA |___| SPINNIG: |___| DIBUJO/PINTURA: |___| BAILE DE SALÓN

|___| KARATE |___| TAICHI: |___| DANZA REGIONAL: |___| GYM: |___| OTRA

ESCUELA/EMPRESA: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

EN CASO DE ACCIDENTE A VISAR: |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

TELÉFONOS: |___|___|___|___|___|___|___|___|___|___|___|

¿PADECE ALGUNA ENFERMEDAD____T/S____________________

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FIRMA DEL SOLICITANTE   PRESIDENTA YWCA D.F. A.C

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