

SHIKHAR ADVENTURES

22, ARJUN GREENS, B/H VARDAN TOWER, NARANPURA AHMEDABAD-380013.
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PHOTOGRAPH

REGISTRATION FORM

NAME OF PARTICIPANT: _____

NAME OF FATHER: _____

DATE OF BIRTH: _____ SEX: _____ AGE: _____

ADDRESS: _____

EMAIL: _____

CONTACT: RESIDENCE: _____ OFFICE: _____ MOBILE: _____

INSTITUTE/SCHOOL NAME: _____ STANDARD: _____

ARE YOU ALLERGIC TO ANY MEDICINE OR DRUGS? YES / NO

IF YES, PLEASE SPECIFY _____

I have read the camp circular and promise to abide by all the rules and regulations of the camp.

FOOD: JAIN / NON JAIN

Participant's signature

My son/Daughter Mr./Master/Miss _____

Intend to participate _____ camp/tour.

I am well aware that organizers have the authority to dismiss or punish the participant for any misbehavior during the program.

I confirm that camp organizers, camp co-ordinates or staff members will not be held responsible for any accident illness and death.

I certify that my child is in good health and has no heart or chest ailments.

Parent's name: _____

Date: _____

Parent's signature

FOR OFFICE USE ONLY

Advance Paid Rs. _____ Balance amount to pay Rs. _____ Date: _____

Advance Paid Rs. _____ Balance amount to pay Rs. _____ Date: _____