

# VOYAGERS ADVENTURE

## REGISTRATION FORM

CAMP NAME AND DATE \_\_\_\_\_

Full Name \_\_\_\_\_

Father's/Husband's Name Shri \_\_\_\_\_

Age \_\_\_\_\_ yrs. Sex(M/F) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Marital Status (Married/Unmarried) \_\_ Occupation \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

### Permanent Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

### Correspondence Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

### Alternet contact person

NAME \_\_\_\_\_

RELATION \_\_\_\_\_

PHONE \_\_\_\_\_

## DECLARATION

I have read the Terms and Conditions of VOYAGERS ADVENTURE relating to the Adventure Camps and have fully understood the meaning and significance of the same. I declare that I am physically and medically fit to undergo the camp/trip I am applying for. The above entries have been made by me and they are true and correct.

I hereby certify that all the entries are correct in every respect. In case of deaths, accident or injury of any form or any form of loss during the camp the Institute (voyagers adventure) or any of its staff will not be held in any manner wholly/partially responsible.

Place: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

### INCASE OF MINOR

Parent/ Guardian Name \_\_\_\_\_

Place: \_\_\_\_\_

Date : \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

NOTE: Forms should be neatly filled in by the candidates themselves by ballpoint pen in CAPITAL letters ONLY