

CHILDREN & YOUTH WING SUMMER CAMP 11TH JANUARY – 15TH JANUARY 2010

ENROLMENT FORM

PARENTS DETAILS:

NAME: _____

ADDRESS: _____

PHONE NO: _____

MOBILE NO: _____

EMAIL: _____

CHILDREN DETAILS:

NAME: 1. _____ 2. _____

AGE (As of 01 Jan 2010) 1. _____ 2. _____ GENDER: 1. _____ 2. _____

INTERESTS/HOBBIES: 1. _____

2. _____

MEDICATION / ALLERGIES: _____

NAME OF THE GP: _____ PHONE NO. _____

CONSENT /PERMISSION

I hereby give consent for my child/children _____ to attend the summer camp at Mt Roskil War Memorial Park, 13 May Road, Mt Roskil from 11th Jan 2010 – 15th Jan 2010. I hereby give permission to Bhartiya Samaj Charitable Trust, in the event of illness or injury, to obtain medical treatment for my child. I am aware I will be informed at the earliest opportunity

Signature of Parent: _____ Date: _____

Note: Please confirm your children's attendance (through enrolment form) via scan & e-mail to bhartiyafuture@yahoo.co.nz or alternatively fax to 09 4437173. You may deposit the donation in Bhartiya Samaj Account in ASB Bank A/c No- 12-3072-0498390-00. Alternatively you may mail cheque to 17 Valley View Road, Glenfield, Auckland- 0629