



# YOUTH OF GAYATRI

## Fanshawe College, London Ontario REGISTRATION FORM



- Use **ONE** form per participant and must be submitted with a fee.
- Participant must be between 7 and 28 years of age to participate.

**Retreat Date : July 4-8 , 2007**

Participant's Full Name \_\_\_\_\_ Gender: Male / Female  
 Street (# & Name): \_\_\_\_\_ City: \_\_\_\_\_  
 Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ Age: \_\_\_\_\_  
 OHIP Number with Expiry: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Parent Information:**

Full Name \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Daytime Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Emergency Contact Information (other than parents):**

Full Name \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Daytime Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Ext: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
 Relationship to Participant: \_\_\_\_\_

T-Shirt Size (Youth – circle one): S M L (Adult – circle one): S M L XL

**BUS TRANSPORTION REQUIRED: YES / NO**

CIRCLE PICK UP POINT: (1) Scarborough (2) Yorkdale Mall, Toronto (3) Square One, Mississauga

Please list any allergies: \_\_\_\_\_

Please list any medications (with instructions) \_\_\_\_\_

Street (# & Name): \_\_\_\_\_ City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Postal Code/Zip: \_\_\_\_\_ Country: \_\_\_\_\_

**Terms & Conditions:**

Registration is limited and will be accepted and confirmed on a first come, first serve basis. A waiting list will be established for registration occurred after the camp is full. All cancellations received four weeks prior to the start of the camp will be refunded in full. Cancellations received after this date will be reviewed by the committee within a month time after the event ends, and a decision will be made regarding the refund.

**Permission to participate** (If applicant is under 18 years of age, parent or guardian MUST sign):

I, the undersigned, having read, understood, completed the above form, and having been briefed regarding the activity, hereby give my permission for my child/ward to attend and participate in the Youth Camp 2007.

**Signed, Participant/Parent/Guardian:** \_\_\_\_\_ **Date (MM/DD/YYYY):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please make \$180 fee payment  
(includes transportation from GTA as above, boarding, and food)  
by CASH or CHEQUE (Payable to: YOUTH OF GAYATRI)**

**DEADLINE FOR SUBMISSION: June 15, 2007**

For more information please visit – [www.awgp.org/gamma/YouthEducation/YouthCamp2007](http://www.awgp.org/gamma/YouthEducation/YouthCamp2007)

Contact Info:

Mississauga - Sudhir Desai (905) 273-9440

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