



**YOUTH OF GAYATRI**  
**Fanshawe College, London Ontario**  
**REGISTRATION FORM**



- Use **ONE** form per participant and must be submitted with a fee.
- Youths must be between 7 and 28 years of age to participate.
- Adults retreat for over 28 years of age.

**Retreat Date : August 6 - 10 , 2008**

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 (N/A for Adults):**

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

**Emergency Contact Information (Applicable to ALL):**

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 (4) Cambridge

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):** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Retreat Fee - \$200**  
**(includes transportation from GTA as above, boarding, and food)**  
**by CASH or CHEQUE payable to Gayatri Pariwar Yugnirman Canada**

**DEADLINE FOR SUBMISSION: July 14, 2008**

Email – [youthofgayatri@gmail.com](mailto:youthofgayatri@gmail.com)

**Contact Info:**

Mississauga - Sudhir Desai (905) 273-9440 Toronto - Purnima Patel (905) 660-9291

Oakville – Vaishali Patel (416) 569-0904