



Sri Aurobindo Ashram – Delhi Branch Trust

Sri Aurobindo Marg, New Delhi – 110 016

Camp No.	No. of persons in group.....	Date:
Substitute? Yes/No	If yes, Name of Replaced Person	

Name (Capital letters)M/F Age.....

Father's Full Name (Capital letters).....

Full Home Address (Capital letters).....

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.....State.....Pin Code.....

Phone.....Mobile.....

Email.....Receipt No. (1).....(2).....

UNDERTAKING

I agree to abide by the guidelines/ regulations prescribed by Sri Aurobindo Ashram Delhi Branch during the entire camp. I realize that any adventure activity involves some amount of risk, and consequently I will not hold Sri Aurobindo Ashram Delhi Branch or the staff personnel conducting the camp wholly or partially responsible in case of any accident or injury, and will bear all medical expenses, if any, myself.

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Signature of Parent/ Guardian

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Signature of Camper

(Only for camper below 18 years. Campers 18 or above do not require guardian's countersign)

Parents/ Guardian/ Escort's Name (Capital letters)

School/ Institution/ Parent/ Guardian's Full Address (Capital letters).....

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.....State.....Pin Code.....