

YOUTH HOSTELS ASSOCIATION OF INDIA

5, Nyaya Marg, Chanakyapuri New Delhi 110021



REGISTRATION FORM (Family Camping)

		ROUTE		REGN NO	
Surname				A (('	
Name Mr. / Mrs. / Ms.				Affix Photograph	
Spouse's Name				Here	
Child Name 1:					
Child Name 2:					
Date of Birth	(DD / MM / YY) _	_//			
Blood Group	11 11 11 1	[][][][]			
Occupation [1] Service [[2] Business [3] Student	[4] Housewife [5] Others.			
Address					
City		Pin Code:			
Telephone		E- Mail Address:			
Membership No. of YHAI	11 11 11 11 11 11 1	11 11 11 11 11 11 11 11	1[]		
Date of reporting in the ord	er of preference (Subject to	availability & confirmation)			
Date Month [][][][]	Date Month [][][][]	Date Month	Date Month		
Particulars of Fee Amount [][][]	DD No. [][][][][][Date:[][][][][]			
		(Signature of Participant)			
and shall not deviate from the	e set expedition route during th				
IN CASE OF ANY ACCIDENT PARTLY RESPONSIBLE	T ILLNESS OR INJURT, I WIL	L NOT HOLD THE YOUTH HOSTE	LS ASSOCIATION OF INDIA V	VHOLLY OR	
I further declare that I have no	ot been suffering from any infe	ctious disease from the past one-mo	onth and that I am keeping goo	d health.	
Place					
Date			(Signature of Participant)	
STATE / UNIT / INDIVIDIUAL][][][][][][]-	FOR OFFICE USE ONLY][][][][][][][11 11 11 11 11		
UNIT CODE [] [] [] [][][] AMOUNT RECE	EIVED Rs. [] [] [] []			
		No. & DATE			
PEPOPTING DATE		ST ISSUED ON			