

VICTORIA SPORT'S FOUNDATION

REGISTRATION FORM



MORE INFORMATION

V.S.F Pawar plaza tilekarnagar lane no.1
near dwarika nagari soc.pune 411048
7776965853 / 8806800081 (Office)
www.victoriasportsfoundation.com

Write Your Personal Information :

Name of the Trek / Activity : _____

Full Name of a Member :
(PLEASE USE CAPITAL)

Date Of Birth : _____ / _____ / _____ Gender : Male Female

Residential : _____
Postal Address with Landmark _____

Contact: (R) _____ Mobile (Self) _____ Father: _____ Mother : _____
(Father & Mother Details if participants is Minor)

Any Significant Medical History (if any) _____

Please note that this information will be used to update you about camp as well as for our future promotions. However we will not sell or share this data with any third party for any commercial use by them.

FOR OFFICE USE :- EARLY BIRD DISCOUNT GROUP DISCOUNT FULL PAYMENT DISCOUNT REAPER DISCOUNT

Declaration -I Have read & I am Fully aware of all the Rules & Regulations related to Cancellation Policy, Refund, Rules during the Trek / Adventure Activity, Detailed Itinerary, Transportation, Accommodation & Food provided during the Tour. I agreed to follow the instructions given by the organizers during any type of activity & Having agreed to take part in the above mentioned Trek / Activity organized by V.S.F , do solemnly declare that I am doing so at my own risk & responsibility. I further declare that any person authorized by the above mentioned organization on their behalf shall not, in any way, be liable to me or my dependents, legal heirs, successors or to any other person for any loss, damage, disability or injury sustained by me or for death resulting from my participation in the above mentioned Trek / Activity. The aforesaid organization & any person authorized by them shall not be liable to pay any compensation, by whatever name called, to me or to my dependents, legal heirs, successors or to any other person. I declare that I have not been in contact with any infectious disease for the past one month and that I am keeping good health. It is assumed that I have accepted all the terms, conditions and undertakings, when I enroll for an event. I may be allotted one of the following dates in order of preference and condition sent to me.

(Batch No.) _____ Date _____ Place _____

Signature of Participant
(Parent / Guardian to sign if the Applicant is a minor)



Signature of Authority
V.S.F