**AUM**

**Registration Form**

**Summer Fun Camp For Children**

At

**GREATER ATLANTA** **VEDIC** **TEMPLE**

**(CHARITABLE TAX EXEMPT ORGANIZATION ID** 58-1776264**)**

**492 Harmony Grove Rd., Lilburn, GA 30047, USA.  (770-381-3662)**

**June 20 7 PM – June 22 1 PM**

**Participant Information**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Name** | **DOB (M/D/Y)** | **Age** | **Shirt Size** | **$** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

**Name of Father/Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_ZIP\_\_\_\_\_\_\_\_\_**

**Telephone Day\_\_\_\_\_\_\_\_\_\_\_** **Evening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile\_\_\_\_\_\_\_\_\_\_**

**e-mail(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of Emergency Notify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Medication if any \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Disease/Disability\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by parents/ Guardian:**

I/we are the parents/guardian of the above stated person. Our signature below hold Greater Atlanta Vedic Temple Society Inc., Harmless and free from any claim arising out of any damages, injuries or illness occurred on the Society’s premises during this camp.

**Registration Fee:**  $75 for each participant until May 31, $85 for each participant until June 21 and **$100** for on the spot registration. **Vedic temple members get special discount of $10 for 2nd child onwards (of same family).**

**Total Donation**:   **$\_\_\_\_\_\_\_\_\_\_\_\_**

**I want to volunteer as Camp Parent**, please **circle**:   Boys Quarter/ Date: \_\_\_\_\_\_\_\_\_\_\_;

Girls Quarter/ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;      General Volunteer/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Parents or Guardian:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:   Date: \_\_\_\_\_\_\_\_\_

**Please Make Check Payable To:  Greater Atlanta Vedic Temple Society, Inc., & mail to above address.**

**For accounting purpose only:**

**Amount Received: \_\_\_\_\_\_\_\_\_                                  Cash/Check#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Received By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**