



INDIA SOCIAL & CULTURAL CENTRE, ABU DHABI



From 12th July – 4th August, 2018
5.00 pm to 9.00 pm

Name of Participant..... Male / Female

Name of Parent..... Roll No. (For ISC Member)

Age Date of Birth

Tel. Office..... (Res.)..... (Mob.)

Email ID.....

T-Shirt Size:

Grade	<input type="text"/>	Small	<input type="checkbox"/>
		Medium	<input type="checkbox"/>
		Large	<input type="checkbox"/>

(Camp Duration - 3 weeks)

Charges Per Child: - Members AED. 500/- Non Members AED. 650/-

Special Rate for Siblings (AED 300/- for Members , AED 400/-)

Extra Charges: -

Transportation
(Abu Dhabi City Only)

YES	NO	AED. 150/-
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Pick-up Point Description:-

Area _____	Street _____
Building _____	Land Mark _____

Consent for Swimming	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Declaration: My child /children are physically fit to participate in the Camp activities.

Signature of the Parent _____

OFFICE USE ONLY

Amount: _____	Receipt No: _____	Date: _____	Received By: _____
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