

	Registration Form																Photo				
Name of the Trek / Activity :															Rs						
Full Name of a Member: (Fill In Capital Letters Only)																					
Residential Postal Add	ress w	ith La	ndmar	k:	I						I	-1									
Pin																					
Contact: (R)	_Mobi	Mobile (Self)											Mother :								
Personal Email ID:											(10					ii pu	- crerp				
Company Email ID:																					
Date of Birth: DD / MI	M / YY	Age:		_ Gen	der: í	м	F [	В	lood	Gro	oup: _		A	llerg	ies:_						
Any Significant Medica	al Histo	ory (if	any) _																		
Please note that this informa data with any third party for					ı abou	t camp	o as we	ell as i	for ou	ır futı	ure pr	omotic	ons. Ho	wever	we v	will no	ot sel	l or sl	nare t	his	
If you are travelling in Journey Details:	deper	ndentl	y then	pleas	e pro	vide	us w	ith y	our	Jour	ney	detai	ls.								
Coming on Bike / Train / State Transport			Plac	t)	Date: (Joining Trek on)						Time: (Joining timing)										
<b>For Office use.</b> Early Bird Discount Group Discount							Fu	Full Payment Discount Reapeter Discount*													
Declaration -I Have read & I ar Itinerary, Transportation, Acco Having agreed to take part in t further declare that any perso successors or to any other per / Activity. The aforesaid organ dependents, legal heirs, succes keeping good health. It is assu dates in order of preference ar	ommoda the abow n author son for a nization ssors or med tha	tion & F ve menti rized by any loss, & any p to any o t I have	ood prov oned Tre the abov damage person au ther pers accepted	ided dur k / Activi e mentio disabilit uthorized son. I dec	ing the ity orga oned or y or inj I by th clare th	e Tour. anized ganiza jury sus em sha at I hay	I agree by <b>Exp</b> tion on stained all not ve not	ed to fo lorers <sup>in</sup> their l by mo be lial been i	ollow , do s behal e or fo ble to n cont	the in solem f shall or dea pay tact w	nstructionly de Inot, in th resu any co vith any	ions giv clare th n any v ulting f ompens y infect	ven by nat I an vay, be rom my ation, ious di	the org doing liable partio by wh sease	ganize g so at to me cipatio ateve for the	ers du t my c e or m on in t r nam e past	ring a own r iy dep the at ne cal cone	iny typ isk & i bender bove m led, to month	e of a respor nts, lea nentio o me o n and t	ctivity & sibility. I gal heirs, ned Trek or to my :hat I am	
(Batch No.)	. D	ate			_ Pla	ce															
Signature of Participant (Parent / Guardian to sign if the Applicant is a minor)								Signature of Authority Explorers <sup>®</sup>													