



International Adventure Foundation

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Participant Application Form

(BE FILLED IN CAPITAL LETTER)
NOTE :- INCOMPLETE FORM WILL NOT BE ACCEPTED

Camp/Event/

Venue

Date to Year

1. Name

2. Father's Name

3. Mother's name

5. Date Of Birth Sex

6. Occupation Qualification

7. Address

Nationality Pin

8. Mobile No E-mail

9. Aadhar Card No

10. Previous Adventure Event

11. Special Hobbies

Applicant Signature in the box

I Agree to adhere to the discipline of the movement and programme me in particular and abide by the rules and regulations of the institute during the whole event. In case of any accident, illness or injury, manmade or natural I will not hold the International Adventure Foundation not responsible at all. I further declare that i have not been in contact with any infectious disease for the past one month and that i am keeping good health & physically fit to undergo the Adventure programme.

Signature of the Applicant

Parent's Signature

Date :

Reg. No : _____

-: For Office Use :-

Date : _____

Reg. Fee : _____ Camp Fee : _____ Membership Fee : _____

Total : _____

Office Seal

INTERNATIONAL ADVENTURE INSTITUTE OF HIMALAYA SPORTS (IAIHS)