



TRAILBLAZERS ENROLMENT FORM

PARTICIPANT DETAILS (KINDLY FILL THE FORM IN CAPITALS)

Participant's Full Name _____

Gender : M F Date of Birth: __/__/__ Nationality: _____

Participant's Email I.D. _____

School / Academic Institution : _____

Institution Address: _____

_____ City : _____ State: _____ Pin : _____

Residential Address _____

_____ City : _____ State: _____ Pin : _____

Res. Tel. No. : Area Code _____ Tel No. _____ Fax No. _____

Mobile No. Father _____ Mobile No. Mother _____

Attach 3
passport size
recent
photographs

HOW DID YOU KNOW ABOUT THIS CAMP?

Newspaper School Friends Mailer Any other _____

PARENT / GUARDIAN DETAILS

Name of Father _____

Occupation _____ Office Name & Address _____

_____ City : _____ State: _____ Pin : _____

Email: _____

Name of Mother _____

Occupation _____ Office Name & Address _____

_____ City : _____ State: _____ Pin : _____

Email: _____

Emergency Contact Person's Name other than parent _____

Area Code _____ Tel No. _____ Mobile _____

CAMP CHOICE & BATCH DATE CHOICE

WRITE THE PREFERRED BATCH DATE AGAINST THE CAMP CHOICE

CAMP MISTY MOUNTAIN: _____

CAMP SWIRLING CLOUDS: _____

THE GREAT HIMALAYAN TREK: _____

Parent / Guardian Declaration

I confirm that the participant of the programme is mentally and physically fit to undergo activities of the camp. I / We will not hold TRAILBLAZERS or Associates responsible for unforeseen circumstances or loss sustained by him/her during the camp.

Signature of parent / guardian with date

TRAILBLAZERS ADVENTURE TRAVEL PVT. LTD
Edenwoods, Bay House, Gr-A, Off Pokhran Road No. 2, Thane (West), Maharashtra, India-400610
Tel : +91-22-25891513 / 25891490 Telefax : +91-22-25891513
E-Mail : trailblazers@vsnl.com Website : www.trailblazersindia.com



TRAILBLAZERS MEDICAL & OTHER DETAILS FORM

(KINDLY FILL THE FORM IN CAPITALS)

Participant's Full Name _____

• **ALLERGIES DETECTED**

Food _____

Drug _____

Other Allergies _____

Prescribed medicine in case of contraction of allergies _____

• **ASTHAMA :** No Yes Use of Asthama Pump Nebuliser

• Current Medications if any : _____

Dosage Quantity and Details _____

• Please make sure any medications your child needs for the trip are clearly labeled with child's name, name of trip, Dosage & time, any special instructions

• Participant's need an up-to-date TETENUS shot prior to the trip. Participant's last Tetanus immunization (DPT, Td) _____

• Blood Group with Rh factor _____

Parent / Guardian Agreement

I authorize trip counselors to obtain initial emergency medical care for my child

Parent Signature _____ Date _____

• **PREFERENCE DURING MEALS**

Jain Vegetarian without eggs, roots, onion, garlic, potato, tubers and sprouts, mayonnaise

Vegetarian with eggs Vegetarian without eggs

Non Vegetarian

• **PARTICIPANT WEARS** Spectacles Lenses of Power(+ / -) _____

• **PARTICIPANT'S TRAVEL PLANS**

TRAILBLAZERS TO ORGANISE ONWARD & RETURN TRAIN

PARENT/GUARDIAN WILL ORGANISE ONWARD & RETURN TRAIN ** / FLIGHT**

** Participant who have chosen this option, kindly fill in the following details

• I would arrive by : _____ on _____ at _____ a.m./ p.m
on date __ __ / __ __ / __ __

• I would return by : _____ on _____ at _____ a.m./ p.m
on date __ __ / __ __ / __ __

PAYMENT DETAILS

Cheques to be drawn in favour of TRAILBLAZERS ADVENTURE TRAVEL PVT. LTD.

I have paid Rs. _____ camp fees + Train Travel / Airfare of Rs. _____ in Cash /

Cheque No. _____ Dated _____ Bank _____

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