

EALING GURDWARA, LONDON SIKH CENTRE
SUMMER CAMP 2019 APPLICATION FORM
WED 14th Aug - FRI 16th Aug 2019 (From 9 am to 3.30pm)

CHILDREN'S DETAILS

Full Name			
Date of Birth	___ / ___ / _____ (DD/MM/YYYY)	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Full Name			
Date of Birth	___ / ___ / _____ (DD/MM/YYYY)	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address			

	MOTHER'S NAME/GUARDIAN 1	FATHER'S NAME/GUARDIAN 2
Full Name		
Mobile		
Email		

MEDICAL INFORMATION: Please specify any medical conditions, allergies and medication below

FEES: The suggested donation for attending the Sikhi Camp is **£20/child** (*payable on day 1*)

DECLARATION

I, as the parent/ guardian of _____ ensure that our child will

- Respect and follow the code of conduct of the Gurudwara (eg dress appropriately, remove shoes and wash hands before entering, cover his/her head, be punctual, polite and helpful)
- I consent my child/ children's photo/videos can be used in EGLSC publications/online/TV

Signed (Parents/ Guardians) _____ Name (Parents/ Guardians) _____

EALING SIKHI CAMP IS NON-PROFIT ORGANISATION RUN SOLELY ON DONATIONS.

THANK YOU FOR ALL YOUR SUPPORT

OFFICIAL USE ONLY:

AGE & NAME OF CHILD: _____

DATE OF ADMISSION: _____

FORM CHECKED BY: _____

CASH CHEQUE

DONATION AMOUNT: £ _____ RECEIPT NO: _____

FOR REGISTRATION & FURTHER INFORMATION, PLEASE CONTACT:

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