



General Information	
Name (first, last)	
Email	
Phone Number	
Address	
Gender (for accommodation use only)	
High School Name	
Grade	
Emergency Contact Information	
Name	
Relationship (Parent, Guardian, etc.)	
Phone Number	
Email	
Medical Information	
Please list any dietary needs or allergies	
Please list any medical concerns or medications of which we should be aware	

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Please bring completed form and \$30 camp fee to Nandi's Flavours of India