

## “Camping Registration Form”

**Two nights: \$30/adult \$15/child**

**One night: \$25/Adult \$10/child**

Name of Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Contact Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Circle one Choice: 2-Nights Fri & Sat / 1-Night Sat Only

Number of Adults Including Self (x \$30 or x \$25): \_\_\_\_\_

Number of School going Children (x \$15 or x \$10): \_\_\_\_\_

| Sr. No. | Name of Person | Adult/Child | Meal Preference<br>(Veg / Non-Veg) |
|---------|----------------|-------------|------------------------------------|
| 1       |                |             |                                    |
| 2       |                |             |                                    |
| 3       |                |             |                                    |
| 4       |                |             |                                    |
| 5       |                |             |                                    |
| 6       |                |             |                                    |

***Note: Please mail checks to reach by June 30<sup>th</sup> in favor of “India Association of Virginia” at following address:  
India Association of Virginia, 11309 Chappell Ridge Ct., Glen Allen, VA 23059***