TREXPERT
Adventure Sports & Trekking Association Jabalpur(M.P.)
Approved by M.P. GOVT. Society Reg. (Under Section 1973 Serial No. 44)
ADVENTURE SPORTS | CAMPING | TREKKING |TOURS & TRAVELS
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004 Rajul Dream City Amkhera Jabalpur(M.P.)
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REGN No._____

_____ROUTE

Surname _____

Name Mr. / Mrs. / Ms. _____

Spouse's Name _____

Child Name 1: _____

Child Name 2: _____

Affix Photograph Here

Date of Birth (DD / MM / YY) _ _/ _ _/_ _

Blood Group [ ][ ][ ][ ][ ][ ][ ][ ]

Occupation [1] Service [2] Business [3] Student [4] Housewife [5] Others. _____

Address _____

_____

City _____ **Pin Code**: _ _ _ _ _ _

Telephone _____ **E- Mail Address:** _____

Membership No. of YHAI [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Date of reporting in the order of preference (Subject to availability & confirmation)

Date Month	Date Month	Date Month	Date Month
[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]	[ ][ ][ ][ ]

Particulars of Fee
Amount [ ][ ][ ][ ] **DD No.** [ ][ ][ ][ ][ ][ ] **Date** : [ ][ ][ ][ ][ ][ ]

_____
(Signature of Participant)

DECLARATION

I agree to adhere strictly to the discipline of the Programme and abide by the directions of the organizing authorities or their nominees, at all times and shall not deviate from the set expedition route during the programme.

IN CASE OF ANY ACCIDENT ILLNESS OR INJURY.I WILL NOT HOLD TREXPERT WHOLLY OR PARTLY RESPONSIBLE. I further declare that I have not been suffering from any infectious disease from the past one-month and I am keeping good health to participate in adventure activities.

I further declare that I have not been suffering from any infectious disease from the past one-month and that I am keeping good health.

Place _____
Date _____

(Signature of Participant)

FOR OFFICE USE ONLY

STATE / UNIT / INDIVIDIUAL [ ]

UNIT CODE [ ][ ][ ][ ][ ][ ] **AMOUNT RECEIVED Rs.** [ ][ ][ ][ ]

REGN No. _____ **RECEIPT No. & DATE** _____

REPORTING DATE _____ **S.L. ISSUED ON** _____