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Summer Camp 2019

Camper Application Form &

Indemnity form

# 9th-13th December 2019

Em’seni Campsite Winterton

# CAMPER DETAILS:

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Surname: |  |
| School: |  | Grade: |  |
| Age: |  | Gender: |  |
| Date of birth: |  | Cell number: |  |
| Physical address: |  | Parent/s or Guardian/s name & titles: |  |
| Email address: |  | | |
|  | | | |
|  | | | |
| Will you be willing to sponsor another camper? If so, how much? | | | |
|  | | | |

PARENT / GUARDIAN TO FILL IN THIS SECTION:

Any medical problem / allergy or dietary needs likely to affect your child/ward’s enjoyment of the conference? If so, please specify:

Permission to publish photos of your child in camp photos: yes/ no

INDEMNITY

I hereby indemnify Em’seni and its appointed leaders against any damage, loss or injury which may be sustained by my child / ward during conference.

Name:

Relationship to child/ward:

Contact Number (Home): (Cell):

Medical Aid provider and Number: Email:

Date: Signature:

BANK DETAILS:

FNB LADYSMITH

Account Name: EMSENI CAMP

Branch: 220425

Account number: 62420150386

Reference: First Name of Camper/Summer

**COST OF CAMPER: R 1 550.00**

Please pay the camp fee into the bank account via EFT.

Please email your application form and proof of payment to Cindy :

info@emsenicamp.co.za

[www.facebook/emsenicamp](http://www.facebook/emsenicamp) [www.emsenicamp.co.za](http://www.emsenicamp.co.za) **tel:** **0364889015 whatsapp 0795256320**