



Kadwa Patel Samaj of North America

www.kpsna.org

Third Senior Citizen Convention Registration

March 9 – 12, 2012 in Charlotte, NC

Personal Information in USA or Canada

Full Name: _____
Last First M.I.

Spouse Name: _____
Last First M.I.

C/O Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Home Phone: () _____ Cell Phone: () _____

E-mail Address: _____

Is Spouse Attending?(Y/N) _____

Special Diet, Accommodation or Other Needs

Diet Needs: _____ Other Special Needs _____

Emergency Contact Information in USA or Canada

Full Name: _____
Last First M.I. Relationship

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Primary Phone: () _____ Cell Phone: () _____

Registration Fees of \$150 per Person is Requested

Number attending: _____ Check Number: _____
Amount Enclosed _____ Comments _____

PLEASE MAKE CHECKS PAYABLE TO "KPSNA"

Signature and Date

I hereby release and hold harmless KPSNA, membership, management and all subsidiaries at which I participate/volunteer and sponsors and supervisors of all activities, from any and all liability for any injury I may suffer (including any injury caused by negligence). I also certify that I am in good health and able to participate in the program activities as described to me by KPSNA. I certify that I am 18 years of age or older and am competent to contract my name insofar as the above is concerned. I have read the foregoing release before affixing my signature below and warrant that I fully understand the contents thereof.

Signature: _____ Date: _____

Please feel free to distribute this form to other KPSNA seniors you know.

This form is also available from our website www.kpsna.org