

Camp Nharetare "Accompanying Person" Registration Form

Name _____

Age: 5 or younger ___ 6-12 ___ 13-18 ___ Over 18 ___

Address Line 1 _____

Address Line 2 _____

City _____ State/Province _____ Postal/Zip code _____

Country _____ Email address _____

Phone Number (s) _____ Emergency contact phone _____

Circle Days Attending: 1/04, 1/05, 1/06, 01/07, 1/08, 1/09, 1/10, 1/11, 1/12, 1/13, 1/14, 1/15, All Days

Room and Board only: \$25 per day

I would like vegetarian meals ___ Other food restrictions _____

Please sign below:

I intend to participate in Camp Nharetare 2016, to be held at Kufunda Village, Zimbabwe. I do not hold Patience Chaitezvi Munjeri or Kufunda Village liable for any harm or loss while traveling to or from this camp, or during this camp. I will acquire my own travel insurance if needed.

Signed: _____

(Parent or legal guardian must sign on behalf of accompanying persons under the age of 18)

Please contact Patience Chaitezvi Munjeri at patiechats@yahoo.com if you have questions.