Print Form

REGISTRATION FORM FOR CANVAS N CHROME EVENTS

Please fill in your details in the following fields and mail us a copy at cncadventure@gmail.com.
Please note that a seperate form must be filled for every participant registering for the event.

Event Details

1. Name of event you wish to register for:
2. Preferred dates (if multiple options available) :

Participant Details

Number of persons in group (for group discounts) :

Individual details:

1. Name :
2. Address :
3. Date of Birth :
4. Email :
5. Contact Numbers

   Mobile : Other :
6. Emergency Contact Number :

   Relationship to guest :
7. Blood Group :
8. Allergies if any : (Please list below any allergies to food, medicines, insect bites, etc.)
9. Medical or Health conditions : (Please list down any existing medical conditions like diabetes, heart trouble, asthma, injuries, etc. that we need to be aware of)

I have provided all information to the best of my knowledge and by signing my name below, I agree that I am undertaking the activity after being fully aware of all terms and conditions and risks (if any) associated with the same.

Name : Date :

Canvas N Chrome
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