



Kadwa Patel Samaj Of North America

www.kpsna.org

2018 Senior Convention Registration Form

September 28 - 30, 2018

Place: VRAJ, 15 Manor Road, Schuylkill Haven, PA 17972

Due Date August 31, 2018

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 _____

Handicap Access _____

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: () _____

Voluntary Registration Fees of \$150 per Person is Requested

Number attending: _____ Check Number: _____

Amount Enclosed _____ Comments _____

Please make check payable to "KPSNA Charitable Foundation Inc." and give it to your local KPSNA representative or mail the form and check to Vinod Sitapara (KPSNA), 1066 Grayson Drive, Souderton, PA 18964 by August 31, 2018.

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