



# Kadwa Patel Samaj Of North America

[www.kpsna.org](http://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