

Dear John Doe



Registration No.	12345	Chess No.	
Name :	John Doe		
Camp Name :	Summer Camp	Batch No :	Alpha
Total days :	7 Days	Company Name :	ABC Corporation
Pick Up Point :		Pick Up Time :	
In-chanrge Name :			

Other Information :-

Camp Place :	AVR-BIO-DIVERSITY PARK, PANCHGANI	Camp Date :	2023-08-15	
Guardian Name :	Jane Doe			
Address :	123 Main Street	Land Mark :	-	
City:	Anytown	District :	County	
State :	State	Pincode :	787876	
Email :	john.doe@example.com	Contact Number :	123-456-7890	
Whatsapp Number :	987-654-3210	Father's Number :	111-222-3333	
Mother's Number :	444-555-6666	Date of Birth :	2000-01-01	
Blood Group:	A+	Standard :	12th	
School Name :	XYZ High School			



Camp Commandant MCF

Terms & Conditions

- 1. Without this Card the Entrance will not be accepted.
- 2. Card will not be accepted if it gets damaged.
- 3. Pick Point given is Fixed, Other then these students will not be picked up.
- 4. Time schedule given subjected to be changed.
- 5. If you have any query regarding Pick up Point or want any other pick up then contact on below number.
- 6. Bring Medical/ Fitness Certificate on first day of Camp dated must before of Maximum 5 Days.
- 7. Without Medical Certificate entry will be prohibited.

Mail us on: mcfcamp@gmail.com (mailto:mcfcamp@gmail.com)
Cantact Us on: 9604082000/9604084000 / Website URL: www.mcfcamp.com (http://mcfcamp.in)