# MCF ENTRANCE CARD



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 | | |

sign

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) (mailto:mcfcamp@gmail.com)

Cantact Us on : 9604082000/9604084000 / Website URL : [www.mcfcamp.com](http://www.mcfcamp.com/) (http://mcfcamp.in)