



HINDU SWAYAMSEVAK SANGH
Colorado Vibhag

5th Annual Family Camp

Date : Sept 3rd 2010, Friday (6PM) to Sept 5th 2010 - Sunday (Lunch)

Venue: YMCA camp Shady Brook, 8716 South Y Camp Road, Sedalia, CO.

We are returning to Highway 285 for the third year and the campsite is YMCA camp Shady Brook in Sedalia, CO. Campsite is surrounded by the Pikes Peak national forest and offers a lake, many activities for children and plenty of trails nearby.

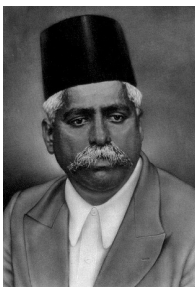
Activities: The camp will be filled with activities for all ages. In a healthy fun filled environment, we have activities from morning to night with Camp fire on Friday night! Activities are conducted group wise (**Children, Teenagers, Adults**). Multiple track activities suitable for all

Camp Registration Fee:	<i>\$100.00 for adult individual</i> <i>Children below 6 Years Free</i> <i>Children between 6 and 18 years: \$50.00</i> <i>Per Family Max: \$275.00</i> <i>Register and pay by August 8th and Save 10% off the registration fee</i>
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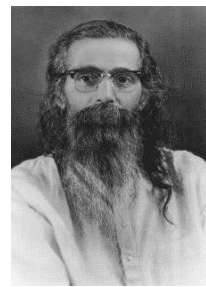
Camp Capacity is limited. Last Date for registration: August 25th 2010;

For more details Contact:

Ashok Pukale 303-772-9365
Mehul Sinh Raol 720-887-3500



Hindu Swayamsevak Sangh (HSS) conducts Shakhas and BalaGokulams at different places in Colorado. Children play Games, learn Suryanamaskar, Yoga, Shlokas and learn about their Hindu Heritage. Yoga, Games and intellectual discussions on Hindu Dharma and Hindu History are taken for elders in regular shakhas. Contact any of the above volunteers for further details.



Hindu Swayamsevak Sangh (HSS)

Hindu Family Camp – Sept 3rd – 5th 2010

REGISTRATION FORM

Camp Attendee Information:

Last Name	First Name	Sex(M/F)	Age	Relationship with Family In Charge

Total Camp fee: _____ Check Number: _____ Bank Name: _____

Phone (day): _____ Phone (eve): _____

Email/fax: _____

Address: _____ City: _____ Zip: _____

Have you been to Shakha/Balagokulam before? YES / NO Shakha/Balagokulam : _____

Person to be contacted in case of any EMERGENCY:

Name: _____ Phone # _____

Address: _____ City : _____ Zip: _____

Medical Insurance: _____ Company Name : _____

Policy # _____

Personal Physician's Name: _____ Phone # _____

Camper's Consent:

I will be responsible for transportation of My family to and from the camp.

I hereby release Hindu Swayamsevak Sangh and its officers of any liability for any accidents or injuries, I/My family members may incur while traveling to and from the camp and/or while attending the camp.

In the event of an emergency where treatment by a doctor is deemed necessary, I hereby give permission for a representative of Hindu Swayamsevak Sangh to authorize physician(s) and hospital personnel to give me anesthesia and/or perform whatever medical and/or surgical treatment deemed necessary at such time in my/my family best interest.

I/We and/or my/our health insurance Company is completely responsible for the payment of all expenses incurred for any kind of medical and/or surgical treatment AS A RESULT OF MY/ MY FAMILY PARTICIPATION IN the camp.

Signature of all attendees. (Parent's signature in the case of minor):

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____