

REGISTRATION FORM



RVIPF SUMMER PAN CAMP August 21 to 31

Submit to: Police Headquarters, Sir Olva Georges Plaza, Waterfront Drive, Road Town,
Tortola, British Virgin Islands

Name _____

Date of Birth _____ Age _____

Address _____

Telephone (Cell) _____

Name of Parent/Guardian _____

Telephone (Home) _____

Telephone (Work) _____

Telephone (Cell) _____

Email address _____

Primary Physician _____

NHI# _____

Supplementary Health Insurance _____

Health conditions/Food allergies:

Give your reason for choosing this two-week summer programme:

Signature of parent/guardian _____ Date _____