

Youth Angel Day Camp Application
Science of Spirituality, Minnesota

Return to:
Application volunteer or
Ashwini & Arvind Naik
651-204-7131, anaik@sos.org

* NOTE: Please type or print one form per Child. (All fields are required)

NAME AND CONTACT INFORMATION of CHILD:

Child's Last Name: _____ Middle Initial: _____ First Name: _____
Nick Name: _____

Age: _____ Birth Date: _____ (ex. 02/07/1998, meaning Feb 7,'98) Gender: Male__ Female__
MM/DD/YYYY

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Home Phone: (____) _____ - _____ Parent/Guardian's Cell Phone: (____) _____ / (____) _____ - _____

E-Mail: _____

Does your child have any special health concerns we need to know about? No____ Yes____ (E.g.Allergies?)
If so, please describe _____

*If an emergency arises, whom should we contact first? Phone number

_____ Name _____

INITIATION INFORMATION:

Is your child initiated by any spiritual teacher (E.G.: Sant Rajinder Singh Ji Maharaj) of Science of Spirituality?

No _____ Yes _____

NAME AND CONTACT INFORMATION OF PARENT

Name of Parent or Guardian: Last: _____ Middle Initial: _____ First: _____

Street Address (if different from above): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Fax: (____) _____ - _____ E-Mail: _____

Do you (the parent) plan to attend day camp as a volunteer? Yes _____ No _____

Would you like to be informed of the future Science of Spirituality events? Yes _____ No _____

How did you hear about the camp? (Satsang) (Email) (Web: _____) (Friend: _____) (Other _____)

Parent's Signature: _____ Date: _____