



**Camp registration form:**

Please take a few minutes and complete this form thoroughly in order for us to list you correctly on our database.

**Kindly fax the completed forms back to us to: 044-874-0467**

Parent Details		Student Details		
Date :		<b>Camp option</b>	<b>Full:</b>	<b>Day:</b>
Title		Male/Female		
First Name:		Age:		
Surname:		First Name:		
ID/Passport no:		Preferred Name:		
Work phone No.:		Surname:		
Mobile No. 1 :		ID/Passport no:		
Mobile No.2:		Home phone No.:		
E-mail address:		Student Mob.No.		
E-mail address:		E-mail address:		
Emergency Contact:		Medical conditions:		
Mobile No:		Allergies:		
Medical Aid:				
Main Member:		Special dietary req:		
Person responsible for account:				
Postal Address:		Physical Address:		
Code:		Code:		
Bank details:	Name: KeNako Academy	Handicap:		
Bank:	Nedbank	Member of a golf club?		
Branch:	198765			
Type:	Cheque	Name of Club:		

Indemnity <; Pg; 2 PTO



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Kingswood Golf Estate, Plattner Boulevard, George 6530  
 Postnet Suite 104, Private Bag X6590, George 6530  
[www.kenakoacademy.com](http://www.kenakoacademy.com)

