



ADVENTURE FOUNDATION PAKISTAN

Application for Course/ Activity Admission

Name (in full)	Occupation
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Home Address

Phone Number:

Date of Birth:	Height:	Weight:	Gender:	Marital Status:
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Education Institution:

Employer (if non student):

Why did you decide to apply to the Adventure Foundation?
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If member of the Foundation	Serial No:	Did you previously attend any Adventure Foundation course?
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Course Serial No.	Year	Course Serial No.	Year
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Information on Head of Household (in case applicant is below 21 years) Parent Guardian Self

Name	Occupation
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Address

Phone Number:

Employer:

Address

Phone Number:

Information on Sponsor (if any)

Name

Address

Phone Number:

1st Option:	Applying for Course No.	Date
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2nd Option:	Applying for Course No.	Date
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Payment Plan	Will Pay Myself	Paid by Parent/ Guardian	Paid by Sponsor	Need Financial Aid
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My signature below indicate genuine desire on my part to participate in an Adventure Foundation Course/ Activity and an understanding of the rigorous nature of the course / activity.

Enclose with this Rs. 250/- non-refundable application

Fee Cash /MO/Draft/Cheque _____ Date _____ Applicant's Signature _____

I/WE DECLARE THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.

Date	Parent/Guardian's Signature	Date	Applicant's Signature
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Send Complete application and fee to:
The Director, Adventure Training Centre,
Adventure Foundation Pakistan
151- Workshop Road, Habibullah Colony, Kakul (NWFP)
Tel: 0992-382190 / 5526 Fax: 0992-3345537

The Director General
Adventure Foundation Pakistan
Garden Avenue, National Park Area, PO Box 1807,
Islamabad-44000
Tel: 051-2825805 Fax:051-2272538

FOR OFFICE USE ONLY	Date Received.	Reservation/ Abeyance/ Cancelled
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FINANCIAL AID APPLICATION (OPTIONAL)

Please answer all questions below. You do not need to fill out sections referring to parents and family if you are over 21 years and are self-employed.

Applicant's Name			
Home Address			
Phone Number:			
If below 21 years of age or partially supported by: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			
Name		Occupation	
Address			
Phone Number:			
Employer:			
Address			
Phone Number:			
Annual Income	Annual Expenses	Market Value of Real Estate	
If Self Supporting, Employer		Occupation	
Annual Income	Annual Expenses	Market Value of Real Estate	Children in Your Family
Estimated Need:	A. Course Tuition	B. Maximum you can provide	Net Needed (A-B)
Course Applied For	Age	Gender	Marital Status
Employer/ School/ College			
Please describe your situation and explain unusual circumstances that you feel should be known to merit a scholarship:			
I/WE DECLARE THAT THE INFORMATION PROVIDED IS CORRECT AND COMPLETE.			
Date	Parent/Guardian's Signature	Date	Applicant's Signature
FOR OFFICE USE ONLY			
Date of Receipt	Scholarship Awarded/ Not Awarded	Value Rs.	

Date

Director Scholarship