

Living & Learning in God's Beautiful Creation!

Registration Form

Childs Na	ame		
Age			_ M F_
Address (please includ Code)	le City, Province and Postal	ı	
Hospitali	zation Number		
-	nealth problems, , or special needs		
Parent/G	Guardian Name		
Home an	nd Work Phone #		
Emergen	cy Contact		
Please select which camp		☐ July 6 - 11 - ages 8-10	☐ July 13 - 18 - ages 11-13
How did	you hear about us	☐ Previously attended☐ Family/Friend☐ Church	☐ Advertisement ☐ Other
a disc accep • The C safet	count, you may mail in a pted up until the day the Camp Director reserves the y and the rights of others I give camp personnel the atment. Parents will be n	reservation deposit of \$10.00, OR camping week starts. The right to dismiss any camper when or who appears to have rejected authority to act on my behalf in otified as soon as possible.	e by June 15. If you are not applying for a based on openings, registrations will be no, in their opinion, is a hazard to the d the reasonable controls of the camp. I case of an emergency, including medical es, photographs, or videos of my child
Parent/Gu	ardian Signature	Date	