



EVANGELICAL BAPTIST CAMP: REGISTRATION FORM 2011

CHILDREN'S CAMP: AGES 8-13 (Born in 1998-2003)

Camper's Name: (Last) _____ (First) _____ Sex: M or F

Address: (Number & Street) _____ (Apt#) _____ (City) _____

(Prov/State) _____ (Postal/Zip Code) _____ Home Phone# (_____)

Present Age: _____ Grade Entering This Sept: (Grades 3-8) _____ Date of Birth: _____ / _____ / _____
Month Day Year

Camper Email Address: _____

Parent/Guardian Email Address: _____

(To confirm Registration, provide future information and dates etc.)

One Week - \$250.00 - Saturday, July 16@ 1:30 pm - Saturday, July 23 @ 11 am

Deposits are \$75.00 and are non-refundable. Please do not send post-dated cheques.

Family discounts are available - first two children are \$250, additional children are \$225.

No refunds will be given for dismissals due to disciplinary action, late arrivals or early departures.

Canteen: Campers will have canteen once a day (candy, chips, pop, chocolate bars etc.), a deposit of \$15 is suggested.

CONDITIONS OF ENROLMENT

A) Parent: I hereby acknowledge that in order to register my child for Camp, I must also complete the attached Medical Form provided by the Camp. This form will be filed as "private and confidential" by the Camp Nurse. I also understand that I must review the attached Camper Policies and Procedures with my child BEFORE signing this Registration Form.

The Camper Policies and Procedures are also available on our website www.ebcfergus.org.

I will also send the applicable and non-refundable deposit. I understand and agree with these conditions and Camp Policies.

I give permission for EBC to use any photograph or videos my child is in for EBC promotional material.

SIGNATURE OF PARENT/GUARDIAN

DATE

B) Camper: I have reviewed the Policies and Procedures with my parent(s) and promise to obey camp staff and camp rules.

SIGNATURE OF CAMPER

DATE

Parent/Guardian Information:

Name of Father: _____ Day Phn# (_____) Nite Phn# (_____)

Name of Mother: _____ Day Phn# (_____) Nite Phn # (_____)

Camper Lives With: Both Parents Mother Father

 (Please cut along dotted line and retain bottom portion for reference)

Please return the **top portion** of this form along with your **deposit** and **completed Medical Form** to:

EBC c/o Lynda Dors 37 Hamilton Cres., Georgetown, Ontario L7G 5K9.

Registration forms will be accepted until Friday, June 10, 2011, if space remains available.

Please send your forms and deposit today to avoid disappointment.

If you require further assistance, please contact Terry Borisenko at (905) 873-8056 or email us at **evangelical_baptist_camp@yahoo.com**. If for any reason you are unable to adhere to the times and dates outlined on this form, please contact Terry Borisenko to discuss alternate arrangements.

Please bring your child's Health Card or a copy of their Insurance. All rates include accident insurance.

Children's Camp - Saturday, July 16 @ 1:30 pm - Saturday, July 23 @ 11 am

Evangelical Baptist Camp website - **www.ebcfergus.org**