



EVANGELICAL BAPTIST CAMP: REGISTRATION FORM 2009
CHILDREN'S CAMP: AGES 8-13 (Born in 1996-2001)

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.)			

Week Registering For: Week One - \$200.00 - Sat. July 11 @ 1:30 pm - Sat. July 18 @ 11 am
(One Week per child) Week Two - \$200.00 - Sat. July 18 @ 4:00 pm - Sat. July 25 @ 11 am

Deposits are \$50.00 and are non-refundable. Please do not send post-dated cheques.

Family discounts are available - first two children are \$200, additional children are \$175.

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.** 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: _____ Daytime Phn# () _____ Evening Phn# () _____

Name of Mother: _____ Daytime Phn# () _____ Evening 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 June 19, 2009 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.

Week One - Sat. Jul. 11@ 1:30 pm - Sat. Jul. 18@ 11 am ~ Week Two - Sat. Jul.18 @4 pm - Sat. Jul.25@ 11 am

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