

2010 TRIP FORM

TRIP CHOICE FORM - Please return all forms to Hurontario's office

PLEASE RETURN YOUR TRIP CHOICE FORM WITH YOUR CONFIRMATION, HEALTH AND CAMPER FORMS by April 30th. Please remember that all charges for Hurontario's trips will be invoiced for payment at the end of each session. Please remember, if two friends who are tripping age wish to be together in a group make sure that they choose the same trip.

Please remember that Hurontario is unable to guarantee your trip choice. This form is just to give us an indication of what trips you would like to do.

Thank you for being so helpful.

NAME OF CAMPER: (last) _____ first) _____

MONTH ATTENDING HURONTARIO JULY ___ AUGUST ___ AGE (at camp) _____

ADDRESS IN FULL: (street) _____

(city) _____ (province) _____

(Postal Code) _____

Phone No.: () _____ email: _____

Trip taken in Summer 2009 (if applicable): _____

Trip Choice Number 1: _____ (cabin mates trip with you)

Trip Choice Number 2: _____

Cabin mate requests: 1: _____ (with whom you will trip)

2: _____

Is it more important to have your trip choice _____ or your cabin mate choice _____?