

# CAMP HURONTARIO

“Spectacularly located in the 30,000 Islands of Georgian Bay”

## REGISTRATION FORM - 2010

Camper's surname \_\_\_\_\_ Camper's First Name \_\_\_\_\_

Age (as of next July 1st) Yrs. \_\_\_\_\_ Mos. \_\_\_\_\_ Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

School \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
Grade (currently) \_\_\_\_\_

Camper's Mailing Address: \_\_\_\_\_ / \_\_\_\_\_  
Street & Apt. Number \_\_\_\_\_ Town or City \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Province or State \_\_\_\_\_ Postal or Zip Code \_\_\_\_\_ Country \_\_\_\_\_

With whom does camper reside? (Both parents, Mother, Father, Guardian, Other) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Mrs./Ms/Dr.

Address (if different than camper's above) \_\_\_\_\_

Mother's Business Phone: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Mother's Email address: \_\_\_\_\_ Summer Phone ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_  
Mr./Dr.

Address (if different than camper's above) \_\_\_\_\_

Father's Business Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Father's Email address: \_\_\_\_\_ Summer Phone ( ) \_\_\_\_\_

To Whom should bills be sent? \_\_\_\_\_

Do you require a double Mailing? \_\_\_\_\_ Address for mailing \_\_\_\_\_

July 3 \_ week session \_\_\_\_\_ August 3 \_ week session \_\_\_\_\_ Both July and August Sessions \_\_\_\_\_

July 2 week sessions: June 30<sup>th</sup> to July 12<sup>th</sup> \_\_\_\_\_ July 12<sup>th</sup> to July 24<sup>th</sup> \_\_\_\_\_

August 2 week sessions: July 28 to August 9<sup>th</sup> \_\_\_\_\_ August 9<sup>th</sup> to 21<sup>st</sup> \_\_\_\_\_

Intro camp: July 5 day: July 13<sup>th</sup> to 17<sup>th</sup> \_\_\_\_\_ July 9 day: July 9<sup>th</sup> to 17<sup>th</sup> \_\_\_\_\_

August 5 day: August 10<sup>th</sup> to 14<sup>th</sup> \_\_\_\_\_ August 9 day: August 6<sup>th</sup> to 14<sup>th</sup> \_\_\_\_\_

New Camper: Yes \_\_\_\_\_ No \_\_\_\_\_ Brother's Name (if at camp) \_\_\_\_\_

**PLEASE SEE REVERSE SIDE**

**Do you know someone who would like to receive Hurontario literature?**

**Please send information to:**

Mr./and/or/Mrs./Ms./Dr \_\_\_\_\_

Street: \_\_\_\_\_ City \_\_\_\_\_

Province/State \_\_\_\_\_ Code/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email address (greatly appreciated) \_\_\_\_\_

Boy's Name \_\_\_\_\_ Age \_\_\_\_\_

**Is there someone to whom we may send a thank you?**

We learned about Camp Hurontario from: \_\_\_\_\_

Address: \_\_\_\_\_

**Terms of Registration**

1. \$250.00 deposit per camper/per session accompanies each registration.
2. A confirmation will be sent to the parent or guardian for each registered camper.
3. Enrolment may be cancelled on or before March 1<sup>st</sup> and the deposit, less \$100.00, will be refunded. After March 1<sup>st</sup> no deposits will be refunded.
4. There is no reduction for any reason for campers arriving late, or leaving early from the period in which they are registered.

Please make all cheques payable to Camp Hurontario. Cheques should be mailed to the Toronto address and must be accompanied by a registration form. If the name of the person signing the cheque is different than the camper who is being registered, please note the camper's full name on the cheque. Thank you.

A full Parent Information package with details of transportation, clothing lists, medical forms, confidential information forms and trip plans will be sent in spring 2010.

**Parent Statement /Authorization**

Enclosed is my cheque for \$ 250.00 to register for Hurontario 2010 .I agree to pay the balance on or before May 1<sup>st</sup>.

I agree that having taken such precautions as in your discretion are deemed advisable, you shall not be held responsible for any accident or sickness to my child. If, for any reason, my child requires medication beyond that furnished by the camp, I agree to be responsible for any expenses incurred. In addition to completion of the Health Form required by Hurontario(sent with spring mailing), I agree to discuss all unique dietary and health considerations with the Director and forward appropriate medication, food and documentation as necessary.

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_