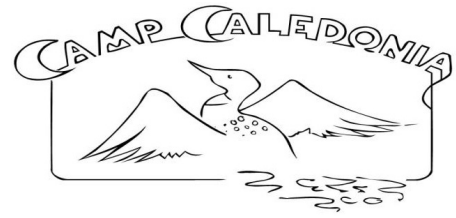


registration FORM (for each family member) Summer 2024 Camps



Camper's Last Name: _____ Male or Female

Given Names: _____ Date of Birth: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Does the Camper Swim? No or Yes Level _____ T-shirt size: _____

Circle Camp Number of Desired Week:

Family Camp ~ July 8 - 12
Ages 10-14 | Cost: \$50

ARRIVAL: All campers register on Monday after 10:00 am.

DEPARTURE: All campers need to depart by 2:00 pm on the Friday.

*There are limited grants available, please contact the Registrar if you wish to apply for one.
All campers, counsellors, and staff are required to be vaccinated.*

I, the undersigned legal parent or guardian, have read this brochure, and accept the terms of the camp as stated there, and on the registration form. I, the undersigned legal guardian or parent, do give consent for this child's image (without their name) to appear in promotional materials associated with Camp Caledonia.

Parent or Guardian (Please print) _____ Date: _____

Signature of Parent/Guardian: _____

FOR OFFICE USE ONLY

| DATE | DESCRIPTION | AMOUNT | BALANCE |
|------|-----------------------|--------|---------|
| | All inclusive fee | | |
| | Paid with application | | |
| | Grant | | |
| | Balance Owing | | |