



CAMP CRANBERRY REGISTRATION FORM

NOTE: PLEASE FILL OUT COMPLETELY FOR EACH CHILD YOU WISH TO REGISTER

*****Please note lunches are included in camp programs (excluding half day camps)
you may wish to pack extra drinks and snacks*****

CAMPER INFORMATION

Name: _____ Date of Birth: _____ Age: _____
Day/Month/Year
Address: _____ Health Card #: _____
(no.) (street)
(city) (province) (postal code) Email: _____

Allergies/Medical Conditions: _____

Parent/Guardian Name: _____ Home Phone #: _____
Alternate Phone #: _____
Room #: _____
Emergency Contact: _____ Phone #: _____

Camp Name:

_____ Date(s) _____ (PD) _____ Amt _____
_____ Date(s) _____ (PD) _____ Amt _____
_____ Date(s) _____ (PD) _____ Amt _____
_____ Date(s) _____ (PD) _____ Amt _____
_____ Date(s) _____ (PD) _____ Amt _____

Rate Paid: Regular Early Bird Atoka Country Club
Atoka Member Membership
_____ # _____ 2

Paid By: Cash Cheque M/C Visa Amex Diners Card
Card #: _____ Expiry Date: _____
Name on Card: _____ Signature: _____

REFUND POLICY:

No refunds will be given for Camp Cranberry, however, with one weeks notice, a credit will be given to be used for Camp Cranberry ONLY. Credits are valid for one year from the date of issue.

I understand: _____
(initial)

CHEQUE POLICY:

Personal Cheques must accompany a credit card number. Any returned NSF cheques will be subject to a \$25.00 service charge. Sorry, no post dated cheques will be accepted.

I understand: _____
(initial)

Paid _____

Entered _____