



CAMP CRANBERRY REGISTRATION FORM

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

PLEASE NOTE LUNCHES ARE NOW 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** _____