



**CAMP CRANBERRY REGISTRATION FORM 2010**  
**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 Member Family Resort Member  
# \_\_\_\_\_ # \_\_\_\_\_

**Paid By:** Cash Cheque M/C Visa Amex  
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- Staff initial* \_\_\_\_\_ *Entered-Staff initial* \_\_\_\_\_

\*\* Payment must be paid in full to reserve a spot in Camp. Spots will not be held for Campers without payment. \*\*