

CAMP LIKELY 2010 SUMMER REGISTRATION FORM

Please print clearly. Send this completed application form along with your chosen payment option to:

Camp Likely **833 Western Ave. Williams Lake, B.C. V2G 2J5**
 Phone: (250) 296-3080 Fax: (250) 296-3080 Email: office@camplikely.com

Camper's full name _____
FIRST MIDDLE LAST
 Male Female Birthday M ___ D ___ Y Age as of Dec. 31/10 _____

Camp applying for * _____ Same cabin as * _____
* both campers must request each other - limit of one request

Mailing address _____ City _____

Prov. _____ Postal Code _____ E-mail _____
Confirmation of acceptance to camp will be sent.

Church you attend (if any) _____

Have you attended Camp Likely before? _____

T-shirt size Child: S M L Adult S M L XL

Name of medical plan _____ Personal Health# _____
REQUIRED

List any allergies _____

Any illness or disabilities that the camp nurse or staff should be aware of: _____

All campers **must** have appropriate immunizations for his/her age.

Parent's or guardian's name _____

Phone (home) _____ (work or cell) _____

Are you planning to be away from home during camp session? No Yes

Emergency Contact _____ Phone _____

STATEMENT OF PARENT/GUARDIAN:

I am sure that the Camp Likely staff will do their best to give my child the necessary support and supervision needed and I understand that safety and health rules will be observed. I hereby give camp personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible). I understand that I am financially responsible. When the camp program involves leaving the camp premises (e.g. waterfront, hiking, etc.), I give permission for my child to participate. I hereby release Camp Likely and its personnel from all claims for damages arising from any accidents or injury caused by my child's participation in the camp program. My child's photo will appear in camp pictures and may be used in Camp Likely's publications.

Signature of Parent/Guardian _____ Date _____

FORM MUST BE FILLED OUT IN ITS ENTIRETY, OTHERWISE IT MAY NOT BE PROCESSED

| FOR OFFICE USE ONLY | |
|-----------------------------------|------------------|
| DATE RECEIVED: _____ | |
| Camp _____ | |
| Camp Fee _____ | Total Paid _____ |
| Total Owing _____ | Païd By _____ |
| Cheques [] Current Date _____ | |
| April 30, 2010 | |

FEES

| | |
|--------------------------------|-----------------|
| Basic Camp Fee | \$ _____ |
| Early Discount (Apr. 30) -\$10 | - _____ |
| Sub-total | _____ |
| Until April 30 5% GST | _____ |
| As of May 1 12% HST | _____ |
| <u>TOTAL</u> | \$ _____ |

CAMPS

- #1 Squirts (6-8) July 7-10 = \$95
- #2 Teens (13-16) July 11-17 = \$210
- #3 Kids Camp 1 (9-12) July 18-24 = \$190
- #4 Kids Camp 2 (9-12) July 25-30 = \$180
- #5 FAMILY CAMP – SEE REVERSE

NOTE: 5% GST to be added to above fees until April 30/10. After this date 12% HST to be added.

Camp Fee will include:
 Accomodations, meals/snacks
 T-shirt, Tuck(Candy Store)

CANCELLATION POLICY

Campers unable to attend a session must notify the office two weeks before the start of their camp. A refund, less a \$40 administration fee will be refunded. We regret that, baring mishap or illness (medical note required), no refunds can be made after this.

PAYMENT Your payment options include: (check one)

- 1. Send two cheques: one **\$60 deposit** with the **current date** and one cheque **post-dated April 30, 2010** for the **balance owing**.
- 2. Send one cheque for the full amount owing with the current date.
- 3. Use your credit card to pay for the full amount owing. **If you FAX your registration form you MUST pay by credit card.**

Applications which do not include one of the above payment options will not be processed.

*******NOTE - Prices do not include applicable taxes.*******

PLEASE COMPLETE IF PAYING BY CREDIT CARD. When paying by credit card, full payment is due with this registration form.

Mastercard Visa Cardholder Name _____

Card Number _____ Expiry Date ___ / ___

Signature _____ Date _____