

CAMP LIKELY

2010 FAMILY CAMP July 30 – Aug. 2

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

Family Name _____

Father _____ Mother _____

CHILDREN

AGE

Mailing address _____ City _____

Prov. _____ Postal Code _____ E-mail _____

Confirmation of acceptance to camp will be sent

Able to share cabin? Y N with _____

Church you attend (if any) _____ Attended Camp Likely before? _____

T-shirts required – Please indicate Qty. Child []S []M []L
 Adult []S []M []L []XL []XXL

Name of medical plan _____ Personal Health #s Please bring to camp
REQUIRED

List any allergies _____

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

Emergency Contact _____ Phone _____

STATEMENT OF PARENT/GUARDIAN:

I am sure that the Camp Likely staff will do their best to give my family 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 or my family's 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 family to participate. I hereby release Camp Likely and its personnel from all claims for damages arising from any accidents or injury caused by my family's participation in the camp program. My family'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
<hr/>	
Total Owing	Paid By
<hr/>	
Cheques []	
Current Date	

*****NOTE*****

Camp registrations will be accepted on a first come first served basis. Space is limited so register early!

MEALS

Ages 12 & up _____ X \$50 = _____

Ages 5 – 11 _____ X \$30 = _____

Ages up to 5 Free

Sub-total _____

ACCOMODATIONS

Camp Accom. _____ X \$35 = _____

Own RV _____ X \$25 = _____

(Self Contained)

Sub-total _____

Total Meals and Accomodations

(max. \$340.00) _____

Until April 30 +5%GST _____

As of May 1 +12% HST _____

TOTAL _____

Camp Fees will include:

Accomodations, meals/snacks, T-shirt

Canteen – Items will be available for purchase

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, barring 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 _____