



Father Son Weekend Camp Registration Form



Father/Male Guardian

Name _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ (evening): _____

Email: _____

Registration:

	Name	Age	Date of Birth
Adult # 1 (18+)			
Adult # 2 (18+)			
Son # 1			
Son # 2			
Son # 3			

Notes: - If there are additional campers in the family, please add additional sheets
 - Adults must be females and over the age of 18 years.

Fee Calculation:

# of Participants	Cost	Total
	\$125.00/ person	
Under 3	Free	
Method of Payment: circle one		Total:

Cheque
 Cash
 VISA
 MasterCard

Credit Card #: _____ **Expiry Date:** _____

CVS #: _____ **Name on Card** _____