

## Mother Daughter Weekend Camp Registration Form



## Mother/Female Guardian

| Name _  |                 |                          |              |       |              |               |  |
|---|-----------------|--------------------------|--------------|-------|--------------|---------------|--|
| Address   | s:              |                          |              |       |              |               |  |
| City:   |                 |                          | Province:    |       | Postal Code: |               |  |
| Phone Number:   |                 |                          | (evening): _ |       |              |               |  |
| Email: _  |                 |                          |              |       |              |               |  |
| Registr   | ation:          |                          |              |       |              |               |  |
|   |                 |                          | Name         |       | Age          | Date of Birth |  |
|   | Adult # 1 (18+) |                          |              |       |              |               |  |
|   | Adult # 2 (18+) |                          |              |       |              |               |  |
|   | Daughter # 1    |                          |              |       |              |               |  |
|   | Daughter # 2    |                          |              |       |              |               |  |
|   | Daughter # 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 Cal   | culation:       |                          |              |       |              |               |  |
| # of Participants   |                 | Cost                     |              | Total |              |               |  |
| Under 3   |                 | \$125.00/ person<br>Free |              |       |              |               |  |
|   | d of Payment: c | ircle one                |              |       | Total:       | Total:        |  |
|   | Cheque          | e (                      | Cash         | VISA  | MasterCard   |               |  |
| Credit Card #:  |                 |                          |              |       | Expiry Date: |               |  |
| CVS #:  |                 | Name on Card             |              |       | _ , ,        |               |  |