

Oak Hammock Marsh - Winter Camp 2016-17

Name of Child: (first) _____ (last) _____ Age: _____

Male Female Birth Date (MM/DD/YYYY): _____/_____/_____

Parent/Guardian First Name: _____ Family Name: _____

Mailing Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (home) _____ (cell) _____ (work) _____

E-mail Address: _____

Family Medical Number: _____ Individual # _____

Medical Condition (if applicable): _____

Any Medications? (Please specify): _____

Alternate Emergency Contact Name: _____ Ph. # _____

Please circle the day(s) your child will be attending camp:

December 28 December 29
January 4 January 5 January 6

Daily Camp Fees: Members of Oak Hammock Marsh \$27 & Non-Members \$33 (includes taxes)

Interpretive Centre Family Membership # (if applicable) _____

Total Amount: _____ (daily camp fee) × _____ (number of days attending camp) = \$ _____

I will be paying by Cheque (made payable to Oak Hammock Marsh):

Cheque #: _____

I will be paying by: Visa MasterCard Signature: _____

Card #: _____ Expiry Date: _____

Payment must be received prior to the start of camp!

Drop off or mail completed registration form along with payment to:
Winter Camp Program, Oak Hammock Marsh Interpretive Centre, Box 1160, Stonewall Manitoba, R0C 2Z0

For Office Use Only

Receipt Number _____

Receipt/ Conf. Mailed Initials _____

