

## Oak Hammock Marsh - Summer Camp 2017

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 week(s) your child will be attending camp:

July 10 to 14

July 17 to 21

July 24 to 28

July 31 to Aug 4

August 14 to 18

### **Camp Fees: Members of Oak Hammock Marsh \$135 & Non-Members \$165 (includes taxes)**

Interpretive Centre Family Membership # (if applicable) \_\_\_\_\_

Total Amount: \_\_\_\_\_ (weekly camp fee) × \_\_\_\_\_ (number of weeks 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:  
Summer Camp Program, Oak Hammock Marsh Interpretive Centre, Box 1160, Stonewall Manitoba, R0C 2Z0



#### For Office Use Only

Receipt Number \_\_\_\_\_

Receipt/ Conf. Mailed  Initials \_\_\_\_\_