

# Oak Hammock Marsh - Spring Camp 2018

Name of Child: (first) \_\_\_\_\_ (last) \_\_\_\_\_ Age: \_\_\_\_\_

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:

March 26

March 27

March 28

March 29

**Camp Fees (per day): \$27 for Oak Hammock Marsh members or \$33 for non-members (includes taxes).**

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

Total Amount: \_\_\_\_\_ (daily camp fee) x \_\_\_\_\_ (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:

**Camp Program, Oak Hammock Marsh Interpretive Centre, Box 1160, Stonewall Manitoba, R0C 2Z0**

**For Office Use Only**

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

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