

Oak Hammock Marsh - Summer 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 week(s) your child will be attending camp:

July 9 - 13

July 23 - 27

July 30 - Aug 3

Aug 13 - 17

Aug 20 - 24

Camp Fees (per week): \$135 for Oak Hammock Marsh members or \$165 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 _____