

**\*\*\*ONLINE REGISTRATION IS STRONGLY RECOMMENDED. IF YOU CAN'T REGISTER ONLINE YOU MUST MAIL YOUR REGISTRATION TO THE CAMP. WE DO NOT ACCEPT FAXED REGISTRATIONS\*\*\***  
 Registration begins Tuesday, January 5, 2010 at 12:01 am. Forms will not be processed prior to that date.



## 2010 SUMMER CAMP REGISTRATION FORM

Send this completed application form along with your chosen payment option to Stillwood Camp if you are not able to register online. Please print clearly.

**Stillwood Camp 44005 Watt Road., Lindell Beach, B.C. V2R 4X9**  
 Phone (604) 858-6845 ext. 103 or 1-800-50 STILL ext. 103

Camper's Name \_\_\_\_\_ Birthday D \_\_\_\_ M \_\_\_\_ Y \_\_\_\_  
LAST FIRST

Male  Female Grade (As of Sep. 2010) \_\_\_\_\_ School (As of Sept. 2010) \_\_\_\_\_ Age (As of Dec. 31/2010) \_\_\_\_\_



T-shirt size Child: S M L Adult: S M L XL XXL

BC Care Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ OR Non BC Medical Plan # \_\_\_\_\_  
REQUIRED

Doctor's Name \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

List any food allergies / dietary restrictions \_\_\_\_\_

Any medical conditions, illness, drug or other allergies \_\_\_\_\_

All campers **must** have appropriate immunizations for his/her age.

Other Information Stillwood should know \_\_\_\_\_

Same cabin as: \_\_\_\_\_  
Choose 1 other camper. That camper must request you back. Please use correct spelling, no nicknames. If more than 1 is listed, we will choose.

**Camp applying for (check one)**

Camp	**Age	Dates	Base Fees	With GST (until April 30)	With HST (As of May 1)
<input type="checkbox"/> Pee Wee	6-8	July 25 - 27	\$180	\$189.00	\$201.60
<input type="checkbox"/> Week 1	8-10	July 4 - 9	\$310	\$325.50	\$347.20
<input type="checkbox"/> Week 2	9-11	July 11 - 16	\$310	\$325.50	\$347.20
<input type="checkbox"/> Week 3	10-12	July 18 - 23	\$335	\$351.75	\$375.20
<input type="checkbox"/> Week 4	11-13	August 1 - 6	\$335	\$351.75	\$375.20
<input type="checkbox"/> Teen 1	12-14	August 8 - 13	\$360	\$378.00	\$403.20
<input type="checkbox"/> Teen 2	13-16	August 15 - 20	\$360	\$378.00	\$403.20

**Day Camps**

- Day Camp 1 Ages 5-7 Aug. 2-6 \$232 (tax exempt)
- Day Camp 1 Ages 5-7 Aug. 9-13 \$232 (tax exempt)
- Day Camp 1 Ages 5-7 Aug. 16-20 \$232 (tax exempt)

**For Day Camp Only**

Where would you prefer to meet the camp bus for daily transportation? (choose one)

- Broadway MB Church, Chilliwack  Sardis Community Church
- Yarrow MB Church  Castle Fun Park, Abbotsford
- I will provide my child with transportation

**\*\*Camper MUST be the correct age (by Dec. 31, 2010) for the camp they are registering for.\*\***

Parent 1 \_\_\_\_\_ Parent 2 (at same address) \_\_\_\_\_  
LAST NAME FIRST NAME LAST NAME FIRST NAME

Home Phone \_\_\_\_\_ Mom's Work Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_

Dad's Work Phone \_\_\_\_\_ Dad's Cell/Pager \_\_\_\_\_

Other Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

OVER



Church you attend (if any) \_\_\_\_\_ Will you be home during the camp session?  No  Yes  
Full Church Name Is Appreciated

Family Status (Married, Single Parent, Divorced, Separated, Other) \_\_\_\_\_ Who has custody? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_  
Can Not Be Parent

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

If first time camper, where did you hear about camp? \_\_\_\_\_

**STATEMENT OF PARENT/GUARDIAN:**

I am sure that the Stillwood Camp staff will do their best to give my child the necessary support and supervision needed and I understand that safety and health rules will be observed. I hereby give camp personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible). I understand that I am financially responsible. When the camp program involves leaving the camp premises (e.g. waterfront, hiking, etc.), I give permission for my child to participate. I hereby release Stillwood Camp and it's personnel from all claims for damages arising from any accidents or injury caused by my child's participation in the camp program. My child's photo will appear in the camp video and may be used in Stillwood publications.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*FORM MUST BE FILLED OUT IN ITS ENTIRETY, OTHERWISE IT MAY NOT BE PROCESSED\***

**FEES - Please Fill In This Section**

**Camp Fee** \$ \_\_\_\_\_

see brochure, website or opposite side of this page for prices

Camp DVD pre-ordered \$17 (plus applicable tax \$17.85 until April 30, \$19.04 as of May 1)

\$ \_\_\_\_\_  
 (DVD can also be purchased at Camp for \$22 tax included)  
 (DVD is **not** available for **Day Campers**)

**OPTIONAL:**

**Donation to Staff Bursary Fund**

Staff Bursaries are there to assist our summer staff financially. An official tax receipt will be issued.



**CANCELLATION POLICY**

Campers unable to attend a session will receive a refund, less a \$60 (plus applicable tax) non refundable deposit. Our office must be notified, on Friday, four weeks before the start of their camp. Your deposit cannot be applied to ANY other registrations. Another camper may not be substituted in place of a cancelled spot. We regret that, barring mishap or illness, no refunds can be

**PAYMENT** Your payment options include: (check one)

- 1. Send two cheques: one **\$60 deposit** with the **current date** and one cheque **post-dated April 30, 2010** for the **balance owing**.
- 2. Send one cheque for the full amount owing with the current date.
- 3. Use your credit card to pay the **full amount** owing.

***Applications which do not include one of the above payment options will not be processed.***

***Note-Prices include all applicable taxes.***

PLEASE COMPLETE IF PAYING BY CREDIT CARD. When paying by credit card, full payment is due with this registration form.

MasterCard  VISA Cardholder name \_\_\_\_\_

Card number \_\_\_\_\_ Expiry date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	
LETTER SENT	PAID
	W.L.