



Mic Mac A.A.C.



Non-Member Day Camp 2016

Name of Participant: _____

Date of Birth: _____

Health Card #: _____

E-mail: _____

Parent Guardian Name: _____

Phone: _____

Address: _____

Medical Concerns/Allergies: _____

Emergency Contact Information Name: _____

Emergency Phone: _____

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Week 1 July 4/16 – July 8/16	Yes	No	\$150.00	
Week 2 July 11/16 – July 15/16	Yes	No	\$150.00	
Week 3 July 18/16 – July 22/16	Yes	No	\$150.00	
Week 4 July 25/16 – July 29/16	Yes	No	\$150.00	
Week 5 Aug 2/16 – Aug 5/16	Yes	No	\$150.00	
Week 6 Aug 8/16 – Aug 12/16	Yes	No	\$150.00	
Week 7 Aug 15/16 – Aug 19/16	Yes	No	\$150.00	
Week 8 Aug 22/16 – Aug 26/16	Yes	No	\$150.00	
			Total	

