



# Paddling Day Camp 2018 [Member]

Returning Member

Previous year(s) attended \_\_\_\_\_

NAME: PARTICIPANT*		<u>DATE OF BIRTH</u>
	<u>MEDICAL CONCERNS/ALLERGIES</u>	<u>HEALTH CARD #</u>

NAME: PARENT/GUARDIAN		Phone #1: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
ADDRESS:		Phone #2: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile
		Phone #3: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile

EMAIL:	
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EMERGENCY CONTACT

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>

<input type="checkbox"/>	WEEK 1	JUL 03 TO JUL 06	<input type="checkbox"/>	WEEK 4	JUL 23 TO JUL 27	<input type="checkbox"/>	WEEK 7	AUG 13 TO AUG 17
<input type="checkbox"/>	WEEK 2	JUL 9 TO JUL 13	<input type="checkbox"/>	WEEK 5	JUL 30 TO AUG 3	<input type="checkbox"/>	WEEK 8	AUG 20 TO AUG 24
<input type="checkbox"/>	WEEK 3	JUL 16 TO JUL 20	<input type="checkbox"/>	WEEK 6	AUG 7 TO AUG 10	<input type="checkbox"/>	WEEK 9	AUG 27 TO AUG 31

# OF WEEKS			FEE			TOTAL		
			X \$60.00					
1 = \$60	2 = \$120	3 = \$180	4 = \$240	5 = \$300	6 = \$360	7 = \$420	8 = \$480	9 = \$540

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Signature of Parent/Guardian Date

Payment Information:

Receipt #		<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit	<input type="checkbox"/> E-transfer
		Number	Exp. Date    CVC