



Paddling Day Camp 2020 [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	JUN 29 TO JUL 03	<input type="checkbox"/>	WEEK 4	JUL 20 TO JUL 24	<input type="checkbox"/>	WEEK 7	AUG 10 TO AUG 14
<input type="checkbox"/>	WEEK 2	JUL 6 TO JUL 10	<input type="checkbox"/>	WEEK 5	JUL 27 TO JUL 31	<input type="checkbox"/>	WEEK 8	AUG 17 TO AUG 21
<input type="checkbox"/>	WEEK 3	JUL 13 TO JUL 17	<input type="checkbox"/>	WEEK 6	AUG 4 TO AUG 7	<input type="checkbox"/>	WEEK 9	AUG 24 TO AUG 28

# 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

Signature of Parent/Guardian Date

Payment Information:

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

Date Paid:		Amount Paid:		Receipt #	
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