

MOOSE LAKE GOSPEL CAMP

This Registration is for:	<input type="checkbox"/> 'Ride With Us' Wakeboard Camp July 2 – July 5 <input type="checkbox"/> Children's Camp #1 July 19-25 (age 8-11)	<input type="checkbox"/> Sr. Teen Camp July 5- July 12 (age 15-19)	<input type="checkbox"/> Jr. Teen Camp July 12-19 (age 12-14) <input type="checkbox"/> Children's Camp #2 August 9-15 (age 8-11)	For Family Camps: Please use Family Camp Registration forms
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Camper's First Name: _____	Camper's Last Name: _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address: _____			
City: _____	Province: _____	Postal Code: _____	
Home Phone: _____	Camper's Age: _____	Birth Date: (y/m/d) _____	
Name of Preferred Roommate: (Please note that roommate requests are <u>not</u> guaranteed and will <u>only</u> be honored when and if possible.)			
E-Mail Address: (Confirmations will be sent by e-mail unless otherwise requested.)			<input type="checkbox"/> Check if you would prefer your confirmation & receipt be mailed via Canada Post

<u>CAMPER'S HEALTH REPORT AND EMERGENCY CONTACT INFORMATION</u>			
Please indicate any conditions that the Director and/or Cabin Counselor should be aware of:			
Drug & Other Allergies:	<input type="checkbox"/> Penicillin	<input type="checkbox"/> Sulfa drugs	<input type="checkbox"/> nuts
	<input type="checkbox"/> cats / dogs	<input type="checkbox"/> insect bites / stings	
	<input type="checkbox"/> other – please identify: _____		
Health Conditions:	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy
	<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Date of last Tetanus shot, if known (yy/mm/dd) _____
	<input type="checkbox"/> other – please identify: _____		
Required Information:	Camper's Health Care No.: _____	Issuing Province: _____	
Mother's Name: _____	Father's Name: _____		
Home Ph. Number: _____ <small>If different from above</small>	Home Ph. Number: _____ <small>If different from above</small>		
Work Number: _____	Work Number: _____		
Cellular Number: _____	Cellular Number: _____		
Alternate Contact Name and Telephone number in case of an emergency Please include first and last name of contact person. This person will be contacted <u>only</u> in the event we cannot contact the parent(s).			
	<i>Name</i>	<i>City</i>	<i>Phone</i>

<u>LIABILITY and HEALTH RELEASE</u>	
While every precaution shall be taken to ensure the welfare and protection of the camper, Moose Lake Gospel Camp, it's Directors and staff members are hereby released from any liability in the event of an accident or misfortune that may occur to the applicant camper. In case of a medical emergency I hereby authorize the Camp Director to secure proper treatment for my child as named above and I further give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. I also understand that I will be notified as soon as possible of any such emergency.	
Signature of Parent or Guardian: _____	Date: (y/m/d) _____

***** Please sign above and complete Page 2 *****

2009 FEE SCHEDULE

Individual Camps		<u>Early Bird Rate</u>	<u>Regular Fees</u>
Early Bird Deadline is June 1, 2009	'Ride With Us' Wakeboard Camp (July 2-5)	N/A	175.00
	Sr. Teen Camp (July 5 -July 12)	219.00	240.00
	Jr. Teen Camp (July 12- 19)	219.00	240.00
	Children's Camp #1 (July 19-25)	199.00	220.00
	Children's Camp #2 (August 9-15)	199.00	220.00
For all Children/Youth registrations <u>received</u> before June 1, 2009 Moose Lake Camp will supply a free promotional item.			
'Bring a Friend' Special Offer: Bring a friend who is a first time camper and you will receive a \$10.00 credit in the Canteen! (family members do not qualify)			
PLEASE NOTE: DEPOSIT OF \$50.00 MUST ACCOMPANY <u>EACH</u> REGISTRATION IN ORDER TO RECEIVE THE EARLY BIRD PRICE AND BONUS ITEM \$50.00 deposit will be credited towards fees, however, is non-refundable and non-transferable			

Questions? Contact Christina Mutch: e-mail: mlgc@mlgc.ca call: (778) 773-1047 fax: (780) 475-0863	Mail this registration to: MLGC Registrar 9004 – 153 rd Avenue Edmonton, AB T5Z 3L6
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Payment Information:	<input type="checkbox"/> Cheque amount _____ (payable to Moose Lake Gospel Camp)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Credit Card No.:	_____	Expiry: _____	Amount: \$ _____
Signature:	_____		
<i>Confirmation letter will be forwarded once registration and deposit have been processed.</i>			

Office Use Only – Please do not write in this section						
Date Received		Deposit Receipt No.		Final Receipt No.		
Date Confirmation Sent:				<input type="checkbox"/> Via E-Mail		<input type="checkbox"/> Via Canada Post
Pre Registration		Adjusted Fees	Registration / Payments			
Camp Fees	\$	\$		Registration	Payment	Add'l Payment(s)
Less pre-reg'n deposit	\$	\$	Date			
Camping Fees Due	\$	\$	Cash			
Canteen Deposit	\$	\$	Cheque			
Donation	\$	\$	Visa;M/card			
TOTAL DUE	\$	\$	Total Rec'd			