

MOOSE LAKE GOSPEL CAMP

This Registration is for: (please check one)	<input type="checkbox"/> 'Ride With Us' Wakeboard Camp June 28 – July 1 <input type="checkbox"/> Children's Camp #1 July 15-july 21 (age 8-11)	<input type="checkbox"/> Sr. Teen Camp July 1- July 8 (age 15-19) ----- <input type="checkbox"/> Children's Camp #2 August 5-11 (age 8-11)	<input type="checkbox"/> Jr. Teen Camp #1 July 8-14 (age 12-14) <input type="checkbox"/> Jr. Teen Camp #2 Aug 12-18 (age 12-14)	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 or Box #: _____			
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	

CAMPER'S HEALTH REPORT AND EMERGENCY CONTACT INFORMATION			
Please indicate <u>any</u> 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"/> Horses
	<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>		
Cellular Number: _____	Cellular Number: _____		
Alternate Contact Name and Telephone number in case of an emergency Please include first <u>and</u> last name of contact person. This person will be contacted <u>only</u> in the event we cannot contact the parent(s).			
	Name	City	Phone

LIABILITY and HEALTH RELEASE	
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. It is a possibility that your child's photograph may appear in publications.	
Signature of Parent or Guardian: _____	Date: (y/m/d) _____

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

2012 FEE SCHEDULE

Individual Camps		<u>Early Bird Rate</u>	<u>Regular Fees</u>
Early Bird Deadline is June 1, 2012	'Ride With Us' Wakeboard Camp (June 28-July 1)	195.00	210.00
	Sr. Teen Camp (July 1 -8)	239.00	265.00
	Jr. Teen Camp #1 (July 8-14)	239.00	265.00
	Children's Camp #1 (July 15-21)	219.00	245.00
	Children's Camp #2 (August 5-11)	219.00	245.00
	Jr. Teen Camp #2 (Aug 12-18)	239.00	265.00

***Early Bird Rate will only be granted to registrations
received before June 1, 2012***

PLEASE NOTE: To speed up the registration process we prefer that you pay the full amount, if you want to reserve a spot, you must include a *minimum* deposit of \$50.00 with each application form.

***'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)***
Name of referred camper:

If you want to include money for your child's Canteen tab you may add it to the total cost and any remaining funds at the end of the camping week will be refunded.

Questions? Contact Christina Mutch:

e-mail: mlgc@mlgc.ca
call: (780) 547-4332
fax: (780) 635-4295

Mail this registration to:

MLGC Registrar
Box 161
Glendon, AB
T0A 1P0

Payment Information:

Cheque amount _____ (payable to Moose Lake Gospel Camp) **Visa** **Mastercard**

Credit Card No.: _____ Expiry: _____ Amount: \$ _____

Signature: _____

Confirmation letter will be forwarded once registration and deposit have been processed.

Special Notes or Comments: