

***** ONLINE REGISTRATION IS STRONGLY RECOMMENDED. IF YOU CAN'T REGISTER ONLINE YOU MUST**

MAIL YOUR REGISTRATION TO THE CAMP. WE DO NOT ACCEPT FAXED REGISTRATIONS***

Registration begins Wednesday, January 4, 2012 at 12:01 am. Forms will **not** be processed prior to that date.



2012 SUMMER CAMP REGISTRATION FORM

If unable to register online, please send this completed application form along with payment to Stillwood Camp. Please print clearly.

Stillwood Camp 44005 Watt Road., Lindell Beach, B.C. V2R 4X9
Phone (604) 858-6845 ext. 103 or 1-800-50 STILL ext. 103

Camper's Name _____ Birthday D ____ M ____ Y ____

LAST FIRST

Male Female Grade (As of Sep. 2012) _____ School (As of Sept. 2012) _____ Age (As of Dec. 31/2012) _____



T-shirt size Child: S M L Adult: S M L XL XXL

BC Care Card # _____ / _____ / _____ OR Non BC Medical Plan # _____
REQUIRED

Doctor's Name _____ Doctor's Phone # _____

Same cabin as: _____

Choose 1 other camper. That camper must request you back. Please use correct spelling, no nicknames. If more than 1 is listed, we will choose.

List any food allergies / dietary restrictions _____

Any medical conditions, illness, drug or other allergies _____

i.e. diabetic, autistic, hay fever, penicillin allergy, etc.

Every camper **must** have appropriate immunizations for his/her age.

Other Information Stillwood should know _____

Camp applying for (check one)

Residential Camps

Camp	**Age	Year	Dates	Base	Incl. HST
<input type="checkbox"/> Woodchucks	6-8	'04-'06	July 22-24	\$185	\$207.20
<input type="checkbox"/> BLAST 1	8-10	'02-'04	July 1-6	\$315	\$352.80
<input type="checkbox"/> BLAST 2	9-11	'01-'03	July 8-13	\$315	\$352.80
<input type="checkbox"/> TURBO 1	10-12	'00-'02	July 15-20	\$340	\$380.80
<input type="checkbox"/> TURBO 2	11-13	'99-'01	July 29-Aug 3	\$340	\$380.80
<input type="checkbox"/> XLerate 1	12-14	'98-'00	Aug 5-10	\$370	\$414.40
<input type="checkbox"/> XLerate 2	13-16	'96-'99	Aug 12-17	\$370	\$414.40

Stillwood Express Day Camps (Ages 5-7; Born '05-'07)

- Stillwood Express 1 July 9-13 \$240 (tax exempt)
- Stillwood Express 2 July 16-20 \$240 (tax exempt)

For Day Camp Only

Where would you prefer to meet the camp bus for daily transportation? (choose one)

- Broadway MB Church, Chilliwack Sardis Community Church
- Yarrow MB Church Castle Fun Park, Abbotsford
- I will provide my child with transportation

****Camper MUST be the correct age (by Dec. 31, 2012) for the camp they are registering for.****

Parent 1 _____ Email _____

LAST NAME FIRST NAME

Home Phone _____ Parent 1 Work Phone _____ Parent 1 Cell _____

Parent 2 _____ Email _____

LAST NAME FIRST NAME

Parent 2 Work Phone _____ Parent 2 Cell _____

Street address _____

City _____ Province _____ Postal Code _____ Country _____

OVER



Church you attend (if any) _____ Will you be home during the camp session? No Yes

Full Church Name is Appreciated

Parent 1 & 2 Status Married; Single Parent; Divorced; Separated; Other (Please Specify) _____

Who has custody? _____

Emergency Contact Name _____ Relationship to Camper _____

To be contacted when parent 1 or 2 cannot be reached

Home Phone _____ Work Phone _____ Cell Phone _____

If first time camper, where did you hear about camp?

Family/Friends; Church; Stillwood Website; Ourkids.net; General Web Search; Radio Ad; Newspaper Ad; Magazine Ad

STATEMENT OF PARENT/GUARDIAN:

I am sure that the Stillwood Camp staff will do their best to give my child the necessary support and supervision needed and I understand that safety and health rules will be observed. I hereby give camp personnel the authority to act on my behalf in case of emergency, including medical treatment (parent/guardian will be notified as soon as possible). I understand that I am financially responsible. When the camp program involves leaving the camp premises (e.g. waterfront, hiking, etc.), I give permission for my child to participate. I hereby release Stillwood Camp and its personnel from all claims for damages arising from any accidents or injury caused by my child's participation in the camp program. My child's photo will appear in the camp video and may be used in Stillwood publications.

Signature of Parent/Guardian _____ Date _____

FORM MUST BE FILLED OUT COMPLETELY, OTHERWISE IT WILL NOT BE PROCESSED

FEES - Please Fill In This Section

Camp Fee \$ _____

[see brochure, website or opposite side of this page for prices](#)

Camp DVD pre-ordered \$ _____

\$19.04 (\$17 + HST)

(DVD can also be purchased at Camp for \$22 tax included)

(DVD is **not** available for **Stillwood Express**)

OPTIONAL: \$ _____

Donation to Campership Fund

Campership fund is used to assist low income families with sending their children to camp. An official tax receipt will be issued.

Total \$ _____



CANCELLATION POLICY

Campers unable to attend a session will receive a refund, **less a \$70 non refundable deposit**. Our office must be notified, on Friday, **four weeks** before the start of their camp. Your deposit cannot be applied to ANY other registrations. Another camper may not be substituted in place of a cancelled spot. We regret that, barring mishap or illness, no refunds can be made after this time.

PAYMENT Your payment options include: (check one)

- 1. Send two cheques: one **\$70 deposit** with the **current date** and one cheque **post-dated May 1, 2012** for the **balance owing**.
- 2. Send one cheque for the full amount owing with the current date.
- 3. Use your credit card to pay the **full amount** owing.

Applications which do not include one of the above payment options will not be processed.

PLEASE COMPLETE IF PAYING BY CREDIT CARD. When paying by credit card, full payment is due with this registration form.

MasterCard VISA Cardholder name _____

Card number _____ Expiry date ____/____

Signature _____ Date _____

OFFICE USE ONLY

LETTER SENT	PAID
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	W.L.
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