



CAMP SQUEAH 2017 REGISTRATION

Important Information

- **Payment Info:** Full payment must accompany a registration form in order to hold a spot. Fax or phone registrations may be paid by VISA or Mastercard.
- **Give the Gift of Camp:** The generosity of donors makes it possible for children of low-income families to attend camp through our Campership Fund. If you would like to contribute to the Campership Fund, please contact the camp office, donate online at www.squeah.com or include a separate cheque with your registration.
- **Financial Assistance:** The Campership Fund is available to children of families requiring financial assistance. Families may apply for campership by contacting the camp office for an application or by downloading it from our website, www.squeah.com.
- **Early Bird Discount:** Save \$20 if we receive your registration and payment by February 28th. Discount applies to all camps except *Discoverers*, *Explorers*, *LT Programs*, *Daytrippers* and *Family Camp*.
- **Sibling Discount:** \$10 off for the second child and \$20 off for additional children from the same family. Does not apply to *Family Camp* or *Daytrippers*.
- **Cancellation Policy:** In the event of a cancellation, the registration amount, less a \$50 administration fee, will be refunded. Cancellations within two weeks of the camp session start date are not eligible for a refund except in situations of serious illness or injury.
- **Privacy of Information:** Registration data will only be used to register campers for summer camp and to mail next year's brochure. It will not be shared with anyone else for any other purpose.

CAMP SQUEAH
www.squeah.com

#4—27915 Trans Canada Hwy, Hope BC V0X 1L3

Phone: 1.604.869.5353 | Fax: 604.869.5364 | Email: registrar@squeah.com

Camp Info

Camp Name & Dates _____
(e.g. Discoverers, Aug 10-12)

Cabinmate request _____
(Cabinmate requests MUST be mutual and only ONE request per camper. Requests are NOT guaranteed.)

Camper Info

Camper's Name _____ Boy
 Girl

Birthday _____ Age _____ Grade _____
(mm/dd/yyyy) (As of Dec 31/2017) (As of Dec 31/2017)

BC Care Card # _____

Parent/Guardian Name(s) _____

Are you the parent/legal guardian of the camper? Yes No

Address _____
(of camper and primary caregiver)

City _____ Province _____ Postal Code _____

Home Phone () _____

Cell Phone () _____

Work Phone () _____

Email Address _____

Preferred method of communication _____

Important Information

Credit Card Info Only:

Please charge my Visa Mastercard CCV# _____

Card # _____

Exp. Date _____

Name on Card _____

Cardholder Signature _____

Cheque Info Only:

Cheque # _____ Cheque Date _____

Name of Account Holder _____

Cheque or money-order enclosed \$ _____

Please send me a proof of payment

Office Use Only

CPSP