



# Camp Squeah

## Family Contact

Main Contact \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

## Important Information

- **Payment Info:** A deposit of half the total registration amount must accompany registration form. The remainder must be paid by June 30<sup>th</sup>. 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](http://www.squeah.com) or include a separate cheque with your registration.
- **Financial Assistance:** The Campership Fund is available to help children of families requiring financial assistance. Families may apply for Campership by contacting the camp office for an application form or by downloading it from our website, [www.squeah.com](http://www.squeah.com).
- **Cancellation Policy:** In the event of a cancellation, the registration amount, less an administration fee of \$100 per family, 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.
- **Medical Care:** A certified first aid attendant will be provided at all camps. Children will, however, remain in the care of their parents in the event that medical attention is necessary.
- **Privacy of Information:** Registration data will only be used to register families for summer camp and to mail next year's brochure. It will not be shared with anyone else for any other purpose.

## Participants

Full Name	D.O.B.:	M/F

[www.squeah.com](http://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](mailto:registrar@squeah.com)

# July 17 - 21, 2017 FAMILY CAMP REGISTRATION

## Accommodations

Three options are available for your family. Please select ONE in the *Registration Fees* box below.

**Emory/Fraser Lodge:** Rooms include en-suite showers and washrooms and accommodate 2-6 guests.

**Cabins:** Rooms accommodate 2-8 guests.

**RV/Tent:** RV accommodations include RV hook-ups. Please indicate length of RV: \_\_\_\_\_ ft.

## Registration Fees

Please select an accommodation option (descriptions above) and use the corresponding row to calculate registration costs.

Check one:	Adult (age 16+)	Grandparent	Youth (ages 6-15)	Child (ages 0-5)
<input type="checkbox"/> Emory/Fraser	\$340	\$310	\$270	FREE
<input type="checkbox"/> Cabins	\$300	\$265	\$230	FREE
<input type="checkbox"/> RV/Tent	\$240	\$205	\$170	FREE
# of Participants	X _____	X _____	X _____	X _____
Cost	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Registration Fees*</b>				<b>\$ _____</b>

\* **Maximum Family Registration Fee—\$1490:** This maximum fee is available only for immediate family members, children up to 18 years of age with their parent(s) or legal guardian(s). Contact the registrar for more information.

## Payment Info

**Cheque or money-order enclosed \$ \_\_\_\_\_**

Please send me a proof of payment

### 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 \_\_\_\_\_

Office Use Only CPSP

Received Date: \_\_\_\_\_

Paid Date: \_\_\_\_\_

## Notes