



2010 CAMP LATONA REGISTRATION FORM

2792 Norland Avenue, Burnaby, BC, V5B 3A6
 Tel:(604)340-5634 Fax:(604)922-4049 Email: info@camplatona.com

CAMP SESSION NAME: _____ CAMP SESSION DATE: _____

| | | | | | |
|------------------------------|--|--------|--|---------------------|--|
| Parent/Caregiver Name: | | Phone: | | Cell/Work: | |
| Parent/Caregiver Name: | | Phone: | | Cell/Work: | |
| Address: | | City: | | Prov: | |
| E-mail: | | | | Postal Code: | |
| Alternate Emergency Contact: | | Phone: | | Relation to camper: | |

PLEASE REGISTER MY CHILD FOR THE FOLLOWING SESSIONS:

AGE: _____

CAMPER NAME: _____ Gender (circle) M F
 Grade in September 2009: _____ School: _____

Birth date: MM__ DD__ YY__

| Select | Camp | Dates | Age | < Feb 26th | +Feb 27th |
|--------------------------|--------------------|---|-------------|------------|-----------|
| <input type="checkbox"/> | Outdoor Leadership | Sunday June 27 th – Friday July 2 nd | 15 – 18 yrs | \$375 | \$475 |
| <input type="checkbox"/> | Session #1 | Sunday July 4 th – Friday July 9 th | 7 – 12 yrs | \$375 | \$475 |
| <input type="checkbox"/> | Session #2 | Sunday July 11 th – Friday July 16 th | 11-16 yrs | \$375 | \$475 |
| <input type="checkbox"/> | Session #3 | Sunday July 18 th – Friday July 23 rd | 7 – 16 yrs | \$375 | \$475 |
| <input type="checkbox"/> | Eco - Session #4 | *Sunday July 18 th – Friday July 30 th | 11-18 yrs | \$800 | \$1195 |
| <input type="checkbox"/> | Session #5 | Sunday August 8 th – Friday August 13 th | 7 – 12 yrs | \$375 | \$475 |
| <input type="checkbox"/> | Session #6 | Sunday August 15 th – Friday August 20 th | 11 – 16 yrs | \$375 | \$475 |
| <input type="checkbox"/> | Session #7 | Sunday August 22 nd – Friday August 27 th | 7-12 yrs | \$375 | \$475 |
| <input type="checkbox"/> | **Family Camp A | Friday July 9 th – Sunday July 11 th | - | \$600 | \$700 |
| <input type="checkbox"/> | **Family Camp B | Friday August 13 th – Sunday August 15 th | - | \$600 | \$700 |

Family Discounts:

If registered by June 1st, 2010, a family sending more than one child to camp (must be siblings), or one child attending more than one session is eligible for fee discounts (Cousins and friends are not eligible for this program).

(* 2 Week Session)

** This price includes 2 adults and up to 3 children

Family Camp Info Only

| Participant's Name | Age | Relation |
|--------------------|-----|----------|
| Adult (1) | | |
| Adult (2) | | |
| Child (1) | | |
| Child (2) | | |

Camper Cabin Requests:

Name of friend (s) – 2 MAXIMUM 1) _____ 2) _____

Is this the first time you have been to Camp Latona? (circle) YES NO

How did you hear about Camp Latona? (circle) Church School Web Newspaper Friend Other

Would you like to receive the Latona Sun Newsletter by email? (circle) YES NO

PAYMENT CALCULATOR: Session Fee \$ _____ + (optional) Campership _____ + GST (5%)\$ _____ =Total Cost \$ _____
OPTIONAL: Campership Program Contribution – Help a child attend camp!

Latona strongly believes that summer camp contributes to the social, physical, and spiritual development of youth. It is our aim, with our Campership Program, to help children from families in need. The Campership Program allows these children to have the opportunity for a summer camp experience in one of our camps. Your donation can help make this possible – please visit our website for more information www.camplatona.com

PAYMENT TERMS: Camper fees include all food, lodging and activities during the session. Campers are required to bring their own sleeping bags, clothing, and personal supplies. Registration must be accompanied by a \$150 non-refundable deposit. Registration will be considered complete when full payment is received. Full payment must be received by May 14th, 2010. There is a \$25 NSF charge. Payments can be made via Cash, cheque payable to Camp Latona, Visa or MasterCard. A 2.5% surcharge will be added to all credit card payments. Camp Latona hold the rights to cancel a session due to low enrolment, campers will be given the option to switch to another session. **Only cancellations before June 1st are refundable, less the deposit.**

VISA or MASTERCARD Payments:
 Card Number: _____ Expiry Date: MM _____ YY _____
 Cardholder's Name (as appears on card) _____ Signature _____ Total Payment \$ _____