



UNICAMP REGISTRATION 2009

PLEASE use one form for each stay. Copy or request more forms. Reservations are on a first come first serve basis and are only guaranteed upon receipt of payment in full. Children under the age of five enjoy free accommodation, meals and day passes but not free childcare.

FIRST NAME: _____ LAST NAME: _____

GENDER: _____ FIRST TIME TO UNICAMP?(Y)(N) If 'yes', who referred you to us? _____

YOUR UU CONGREGATION _____ MEMBER/ FRIEND? Privacy Policy. Please confirm that we may put your name on our mailing list (we do not share lists) yes _____ no _____? Please list below each person in your party.

NOTE: If you are NOT the guardian of a child in your party under 16 years of age, PLEASE STATE WHO IS RESPONSIBLE.

NAMES OF OTHERS WITH YOU	Guardian for those under 16	Gender	Age if under 16yrs

*Please provide an address for everyone staying on your site; attach a separate sheet or use the back of this page, if necessary.

STREET: _____ CITY: _____ PROVINCE: _____

POSTAL CODE: _____ PHONE # (Home) (____) _____ Work (____) _____

E-MAIL: _____ (Can we use your email address for mailings?(Y)(N) _____

NAME and DATES of PROGRAM: _____ Program Fee: \$ _____

CHILD CARE: (Must be booked well in advance) Available during program sessions only (2 sessions per day)

\$10 per session per child, per day. # of children _____ x # of days _____ \$ _____

ACCOMMODATION: ARRIVAL DATE: _____ DEPARTURE DATE: _____

*NOTE: One night's stay runs from before dinner one day to 11am the following day. Book a full week's stay and get the seventh night free.

PLEASE NOTE CHILDREN under 5 years stay and eat FREE.

CAMPING: (maximum of 6 people per site)

FIRST ADULT \$20 x # _____ nights = \$ _____

All others over 5 years of age # _____ x \$5 x # _____ nights = \$ _____

*Maximum site fee \$35.00 per night \$210.00 per week (no tax on camping) camping total \$ _____

COTTAGES: (Cooking facilities vary) First four adults pay full price, additional persons half price.

ADULT # _____ x \$35 x _____ nights = \$ _____ or # _____ x \$210 x _____ weeks = \$ _____

CHILD (5 to 15yrs.) # _____ x \$20 x _____ nights = \$ _____ or # _____ x \$120 x _____ weeks = \$ _____

Toms Cottage – the ACCESSIBLE COTTAGES: (Accessible to the Less-abled) (caregiver rate is regular cottage rate)

ADULT # _____ x \$45 x _____ nights = \$ _____ or # _____ x \$270 x _____ weeks = \$ _____

CHILD # _____ x \$25 x _____ nights = \$ _____ or # _____ x \$150 x _____ weeks = \$ _____

Minimum charge for these cottages is \$90 per night or per week: \$540.

LESS-ABLED PERSONS are NOT required to pay these minimum charges. The less-abled are asked to make reservations by JUNE 1, 2009; after that date, registrations will be on a first-come, first-served basis.

DORMS: (3 meals included, dinner, breakfast, lunch)

ADULT # _____ x \$50 x _____ nights = \$ _____ or # _____ x \$327.50 x _____ weeks = \$ _____

CHILD (5 to 15yrs.) # _____ x \$30 x _____ nights = \$ _____ or # _____ x \$192.50 x _____ weeks = \$ _____

NEW – 10% Discount for Families staying in dorms Less 10% - _____

TOTAL COTTAGES/DORMS \$ _____

PLUS Provincial Sales Tax – 5% on accommodation total \$ _____

MEALS: We offer a choice of *Full Meals, or Dinners Only*

Specify: REGULAR MEALS ___ or VEGETARIAN MEALS ___ (we cannot prepare vegan food)

FULL MEALS: (One full day of meals = Dinner, Breakfast and Lunch)

Meals requested from: DINNER DATE: _____ to LUNCH DATE: _____

ADULT # _____ x \$27.50 x # _____ days = \$ _____ or # _____ x \$192.50 x # _____ weeks = \$ _____

CHILD (5 to 15yrs.) # _____ x \$16.50 x # _____ days = \$ _____ # _____ x \$115.50 x # _____ weeks = \$ _____

DINNERS ONLY :- Specify individual dates required: _____

ADULT # _____ x \$13.50 x # _____ days = \$ _____

CHILD (5 to 15yrs.) # _____ x \$8.00 x # _____ days = \$ _____

LESS Student discount (for 16 – 19 year olds) 20% of meal total - _____

MEAL TOTAL \$ _____

PLUS Provincial Sales Tax - 8% on meal total \$ _____

I am paying by credit card and wish to make a donation to offset the 3% charged by VISA and Master Card \$ _____

DONATION: Please check for which FUND (Unicamp is a Registered Charity & Tax Receipts are issued) \$ _____

Capital Fund Campership Fund Building Fund/Renovations/ Repairs other

(All fees are payable in Canadian funds) **PAYMENT:** \$ _____

Please forward this form to Unicamp, 41 Home Street. Guelph, ON N1H 2E4 519-822-6353

Or after June 1st to Unicamp, 638159 Prince of Wales Rd., Box 91, Honeywood, ON L0N 1H0.519-925-6432

METHOD OF PAYMENT Cash Cheque VISA or Mastercard
 Card # _____ Expiry: _____
 Full name on card: _____ (Please print)
 Signature _____

For office use only
 DEPOSIT # _____
 DATE REC'D _____
 PROCESSED BY _____
 DATED DEPOSITED _____