



**CHILDREN'S CAMP AND YOUTH CAMP**  
**REGISTRATION FORM - 2009**

Those registering for the Counselor in Training Youth Leadership programs must submit an Application Form and be accepted into the program. Please call 519 822-6353 for a form or e-mail UnicampofOntario@hotmail.com.

\*Note: Please

use one form for each registrant and for each stay at camp. Copy, call or write for additional forms. Registration is on a first come first served basis. Full payment must accompany this form to guarantee a reservation.

**CAMPER INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ First time to Unicamp: Yes No  
Address: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ Birth date: \_\_\_\_\_  
\_\_\_\_\_ Congregation \_\_\_\_\_  
e-mail \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Relation: \_\_\_\_\_ e-mail \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: (\_\_\_\_\_) \_\_\_\_\_  
Home phone #: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_  
Name of alternate contact: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home phone #: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

PROGRAM: (please check the week(s) your child will attend)

**Kids Camp I (July 5-11)  Kids Camp II (July 12-18)  Kids Camp III (July 19-25)**

FEE for Children's Camps- \$400 per week. Please deduct a 10% discount if paid by March 15<sup>th</sup>, 2009 and a further 5% for each additional week your child is staying.

**Jr. Youth Week (July 26-July 31)**

FEE for Jr. Youth Week (5 days) is \$330.00. Please deduct a 10% discount if paid by March 15<sup>th</sup>, 2009 and a further 5% discount if your child is staying for another week of camp.

**Provincial Sales Tax is 3%.**

**PAYMENT INFORMATION:**

Program fee,	\$ _____
Less 10% Discount if paid by March 15, 2009	- \$ _____
Less 5% Discount if this is your 2 <sup>nd</sup> week	- \$ _____
Less 5% Discount if this is the 3 <sup>rd</sup> child from the same family	- \$ _____
Sub total	\$ _____
Plus 3% PST	+\$ _____
I am paying by credit card and wish to make a donation to offset the 3% charged by VISA and Master Card	+ \$ _____
DONATIONS: Capital Fund Campership Fund Building Fund Other	+ \$ _____
<b>TOTAL PAYMENT</b>	\$ _____

Please make cheques payable to Unicamp

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

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

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

For office use only
DEPOSIT # _____
DATE RECEIVED _____
PROCESSED BY _____
DATE DEPOSITED _____