



Girl Guides  
of Canada  
Guides  
du Canada

# A Wonderful Week at Wa-Thik-Ane

## 2010 CAMP APPLICATION FORM

| CAMP <i>(Camp fees include taxes)</i>  |  | PAYMENT  |
|--|--|--|
| <input type="checkbox"/> Wee Camp Together (5-8 years with female adult) - July 31-Aug 2 - \$ 125 (for both)           |  | Amount :   |
| <input type="checkbox"/> Woods, Water and Wonderful fun! (6-9 years) – Aug 2- Aug 6 - \$ 200                           |  | METHOD   |
| <input type="checkbox"/> Wonderful Week at Wa-Thik-Ane! (9-15 years) – July 31- Aug 6 - \$ 275                         |  | <input type="checkbox"/> Credit Card (see below) |
| <input type="checkbox"/> What about me - Rangers! (15-17 years) – July 31- Aug 6 - \$ 275                              |  | <input type="checkbox"/> Cheque/Money Order      |
| <input type="checkbox"/> What about me - Adults! (18 years + ) – Please complete Volunteer Application - \$ 15 / night |  |  |

| CAMPER INFORMATION <i>(Please PRINT)</i> |               |       |                      |                                  |                                 |                                  |                                 |
|--|---------------|-------|----------------------|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| FIRST NAME                               |               |       |                      | FAMILY NAME                      |                                 |                                  |                                 |
| IMIS #:                                  | DATE OF BIRTH |       | AGE                  | LANGUAGE SPOKEN AT HOME          |                                 | LANGUAGES UNDERSTOOD             |                                 |
|  | Day           | Month | Year                 | English <input type="checkbox"/> | French <input type="checkbox"/> | English <input type="checkbox"/> | French <input type="checkbox"/> |
| ADDRESS                                  |               |       |                      | City                             |                                 | Province                         | Postal Code                     |
| Street                                   |               |       |                      |                                  |                                 | EMAIL :                          |                                 |
| HOME TELEPHONE                           |               |       | MEDICARE CARD NUMBER |                                  |                                 |                                  | EXPIRY DATE                     |
| - -                                      |               |       | X                    | X                                | X                               | X                                | # # # # # # # #                 |
|  |               |       |                      |                                  |                                 |                                  | YYYY / MM                       |

**FOR WEE CAMP TOGETHER ONLY – DETAILS FOR FEMALE ADULT CAMPER – please complete family information section below**

|        |                        |              |
|--------|------------------------|--------------|
| NAME : | iMIS # (if applicable) | RELATIONSHIP |
|        |                        |              |

| FAMILY INFORMATION                |             |                                   |              |
|-----------------------------------|-------------|-----------------------------------|--------------|
| MOTHER'S NAME (First and Family)  |             | FATHER'S NAME (First and Family)  |              |
| ADDRESS (IF DIFFERENT FROM ABOVE) |             | ADDRESS (IF DIFFERENT FROM ABOVE) |              |
| Street                            |             | Street                            |              |
| City, Province, Postal Code       |             | City, Province, Postal Code       |              |
| CONTACT :                         |             | CONTACT:                          |              |
| Home:                             | Work:       | Home:                             | Work:        |
| Cellular:                         | Email/Other | Cellular:                         | Email/Other: |
| GUARDIAN OR OTHER CONTACT NAME    |             | RELATIONSHIP                      |              |
| ADDRESS (IF DIFFERENT FROM ABOVE) |             | CONTACT :                         |              |
| Street,                           |             | Home:                             |              |
| City, Province, Postal Code       |             | Work:                             |              |
|                                   |             | Cellular:                         |              |
|                                   |             | Email/Other:                      |              |

| OTHER  |
|--|
| <b>Any medical conditions, behavior issues or food restrictions which camp staff should be aware of.</b><br>All campers will be sent an H1-Personal Health Form to be completed with full details and medical authorization. |
| <br>   |

**Are you coming to camp with a particular friend(s)?**  
I have attached a deposit of 50% of the camp fee. I realize that the balance is due by June 1, 2010.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

| PAYMENT BY CREDIT CARD  |                                     | Name on Credit Card |             |   |
|---|-------------------------------------|---------------------|-------------|---|
| Visa <input type="checkbox"/>   | Mastercard <input type="checkbox"/> | Credit Card Number  | Expiry Date | / |
| Please charge _____ (min. 50% camp fee) immediately and the balance of _____ on May 31, 2010. |                                     |                     |             |   |
| Cardholder Signature: _____   |                                     |                     | Date: _____ |   |