

Camper Information

Camper's Name:
SURNAME GIVEN NAME(S)

Date of Birth: Male Female Allergy Information:

Parent/Guardian Information (Primary Emergency Contact)

Name:
SURNAME GIVEN NAME(S)

Address:

City: Province: Postal Code:

Home Telephone: Mobile Telephone:

Work Telephone: Relationship to Camper:

Email Address:

Alternate Emergency Contact

Name:
SURNAME GIVEN NAME(S)

Home Telephone: Mobile Telephone:

Work Telephone: Relationship to Camper:

Camp Dates*

Please indicate your top three choices of weeks:

\$160/Week (Earlybird Registration until June 1st) \$180/Week (Regular Price)

July 10-14 July 24-28 August 7-11 August 21-25

July 17-21 July 31 - August 4 August 14-18 Name of friend to be placed with:

*20% discount for four day week

** Please note that deposits are non-refundable once Day Camp has started

Early Drop-Off and Late Pick-Up

\$25/Week Number of Weeks:

Membership Options

Family Membership (\$35/Year) Individual Membership (\$15/Year)

Payment Options

By Mail

Credit Card Cheque

In Person

Credit Card Debit Cheque Cash Money Order

Payment Information

Name on Card: Card Type:

Card Number: Expiry Date: CCV:

Total Amount: Signature: _____

How did you hear about the Lower Fort Garry Adventurers Day Camp?

Friend/Family School Community Bulletin Newspaper Other: _____

Please mail or return registration form and payment to:

Friends of Lower Fort Garry
5925 Highway 9
St. Andrews, Manitoba
R1A 4A8

Questions? Please contact daycamp@folfg.com!