

CHARIS FAMILY CAMP 2012 REGISTRATION FORM

FAMILY CAMP REGISTRATION BEGINS MONDAY, JULY 23 AT 4:00 PM AND ENDS SUNDAY, JULY 20 AT 1:00

SURNAME: _____
 FIRST NAME: _____
 SPOUSES NAME: _____
 ADDRESS: _____
 CITY: _____ PROV/STATE: _____ POSTAL/ZIP CODE: _____
 HOME PHONE: (_____) - _____ WORK PHONE: (_____) - _____
 EMAIL: _____

NAMES OF CHILDREN COMING:

NAME	MALE/FEMALE	AGE (JULY 2012)	MEDICAL NUMBER

ACCOMMODATION REQUESTED: (RATES VARY - SEE CHART)

- RV HOOK-UP (POWER AND WATER ONLY) TENT TRAILER OR TENT (NO HOOK-UPS)
- DINING HALL ACCOMMODATIONS (FOR SINGLE PEOPLE, COUPLES OR FAMILIES WITH 1 OR 2 CHILDREN)
- LODGE ACCOMMODATIONS (FOR FAMILIES WITH 4 OR MORE PEOPLE)
- CHALET ACCOMMODATIONS (FOR 2-4 PEOPLE/ROOM; IF AVAILABLE)

PREFERENCES:

- WILLING TO SHARE A ROOM WITH: _____
- WANT TO BE NEXT TO: _____
- ROOM # REQUESTED: ___ LODGE / DINING HALL / CHALET (PLEASE CIRCLE)

MEDICAL INFORMATION:

PLEASE DESCRIBE ANY MEDICAL CONDITION OR ALLERGIES (INCLUDING FOOD) OF FAMILY MEMBERS THAT THE CAMP ADMINISTRATION SHOULD KNOW ABOUT IN THE MEDICAL SECTION BELOW. LIST FAMILY DOCTOR IN CASE OF EMERGENCY:

FAMILY DOCTOR: _____ PHONE: (_____) - _____

I HEREBY ABSOLVE AND AUTHORIZE THE ADMINISTRATION AND STAFF OF CHARIS CAMP TO ACT ACCORDING TO THEIR BEST JUDGEMENT ON BEHALF OF ME AND MY FAMILY IN THE EVENT OF AN ANY EMERGENCY REQUIRING MEDICAL ATTENTION.

SIGNATURE: _____ DATE: (_____) - _____

OFFICE USE ONLY:

DATE RECEIVED	
TOTAL PAID WITH REGISTRATION	\$
BALANCE DUE	\$
TOTAL NUMBER OF PERSONS	
ROOM ASSIGNMENT	
CAMP SITE NUMBER	

****PLEASE NOTE: DUE TO AN EXPECTED INCREASE IN ATTENDANCE, WE WILL BE FITTING OUR GUESTS IN AS TIGHTLY AS POSSIBLE. IT IS RECOMMENDED THAT RV OWNERS USE THEM OVER LODGE ACCOMMODATIONS.****

Charis Camp FAMILY CAMP 2012 FEE SCHEDULE

1) REGISTRATION FEES - NOT OPTIONAL:

(PLEASE INDICATE THE NUMBER OF ADULTS, TEENS AND CHILDREN FOR EACH DAY)

AGES	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	TOTAL#	RATE	TOTAL
ADULT									\$9.00	
12 - 17									\$8.00	
6 - 11									\$7.00	
3 - 5									\$6.00	

TOTAL REGISTRATION FEES: \$ _____

2) MEAL FEES - YOUR CHOICE OF MEALS

(PLEASE INDICATE NUMBER OF PEOPLE PER MEAL PER DAY)

ADULTS	MON.	TUES.	WED.	THURS.	FRI.	SAT.	SUN.	TOTAL#	COST/MEAL	TOTAL
BREAKFAST									\$8.00	
LUNCH									\$10.00	
DINNER									\$12.00	

TOTAL ADULT MEAL COSTS: \$ _____

12-17 YR	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL#	COST/MEAL	TOTAL
BREAKFAST									\$7.00	
LUNCH									\$8.00	
DINNER									\$9.00	

TOTAL YOUTH MEAL COSTS: \$ _____

6-11 YR	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL#	COST/MEAL	TOTAL
BREAKFAST									\$4.00	
LUNCH									\$5.00	
DINNER									\$6.00	

TOTAL CHILD MEAL COSTS: \$ _____

3-5 YR	MON	TUES	WED	THURS	FRI	SAT	SUN	TOTAL#	COST/MEAL	TOTAL
BREAKFAST									\$3.00	
LUNCH									\$4.00	
DINNER									\$5.00	

TOTAL CHILD MEAL COSTS: \$ _____

COSTS OF ALL MEALS FOR FAMILY	ADULTS: _____ YOUTH: _____ 6 11 YRS: _____ 3 5 YRS: _____	TOTAL MEAL COSTS: _____
	\$ _____ + \$ _____ + \$ _____ + \$ _____	= _____

3) ACCOMMODATION FEES: YOUR CHOICE

(PLEASE NOTE THAT RATES ARE PER NIGHT PER FAMILY)

ACCOMMODATION	MON	TUES	WED	THURS	FRI	SAT	TOTAL #	COST	TOTAL
TENT/NO HOOKUP								\$15.00	\$
RV/HOOKUPS								\$25.00	\$
DINING HALL ROOM								\$25.00	\$
LODGE ROOM								\$60.00	\$
CHALET								\$65.00	\$

TOTAL ACCOMMODATION COSTS: \$ _____

PLEASE MAKE SURE ALL 3 SECTIONS ARE FILLED IN, TRANSFER THE TOTALS BELOW, ADD THEM ALL TOGETHER, THEN ADD HST FOR THE GRAND TOTAL OWING.

TOTAL REGISTRATION FEES	
TOTAL MEAL FEES	
TOTAL ACCOMMODATIONS	
SUB TOTAL	
PLUS 10% HST	
TOTAL OWING	

CHARIS FAMILY CAMP 2012 WAIVERS

MEDICAL/EMERGENCY INFORMATION

BC MED# _____

ARE THERE ANY MEDICAL OR PHYSICAL CONDITIONS THAT WOULD PROHIBIT FULL PARTICIPATION IN CAMP ACTIVITIES? YES / NO IF YES PLEASE DETAIL BELOW (PLEASE LIST ALLERGIES AS WELL):

ATTENDEE PLEASE READ & SIGN

UNDERSTANDING THAT THE ADMINISTRATION AND STAFF OF CHARIS CAMP WILL TAKE EVERY PRECAUTION TO ENSURE MY SAFETY AND WELL BEING, I HEREBY ABSOLVE CHARIS CAMP ADMINISTRATION FROM ANY LEGAL LIABILITY FOR ANY INJURY OR LOSS THAT MAY OCCUR DURING MY PARTICIPATION IN CHARIS CAMP 2012. THIS INCLUDES ALL ACTIVITIES ON OR OFF CAMP PROPERTY. MY PARTICIPATION IS AT MY OWN RISK. IN THE EVENT OF AN EMERGENCY, I AUTHORIZE THE CAMP DIRECTOR(S) OR THEIR DESIGNATES TO TAKE NECESSARY MEASURES IN MY INTEREST. I UNDERSTAND THAT MY SIGNING THIS DOCUMENT ALSO COVERS THOSE IN ATTENDANCE REGISTERED UNDER MY NAME.

ATTENDEE'S SIGNATURE _____

DATE / / 2012
MONTH DAY YEAR

I UNDERSTAND THAT PICTURES/VIDEO MAY BE TAKEN OF ME AND MY CHILDREN WHILE AT CAMP. I GIVE PERMISSION FOR AFOREMENTIONED MEDIA TO BE USED IN FUTURE ADVERTIZING OR PROMOTIONAL EVENTS.

I DO I DO NOT

ATTENDEE'S SIGNATURE _____

DATE / / 2012
MONTH DAY YEAR

PLEASE SEND COMPLETED FORMS ALONG WITH AT LEAST 50% OF MONEY OWING TO:

CHARIS CAMP

51935 HACK BROWN RD.

CHILLIWACK, BC V4Z 1L1

PHONE: 604-794-7790 EMAIL: BOOKINGS@CHARISCAMP.COM