

CAMPER AGE: 9 to 14 years [as of Dec. 31/2009]

CAMP COST: If registered - before June 12 - \$165.00 (includes tuck)
- after June 20- \$240.00 (includes tuck)

CHEQUE OR MONEY ORDER: Payable to "PINE ORCHARD CAMP"
[post-dated June 15, 2009]
[Refunds available with doctor's certificate only.]

MAIL TO: c/o Christine Lawrence [905-473-5259]
16529 McCowan Road
Cedar Valley, Ontario LOG 1E0

REGISTRATION: 3 to 4 p.m., Sunday, July 19, 2009 (at the camp)

CAMP REFLECTIONS: 6:45 p.m., Friday, July 24, 2009
All parents are invited to attend.

CAMP ENDS 8:45 p.m., following Camp Reflections

CAMP LOCATION: 4088 Vivian Road – Just east of the Town of Newmarket. Turn east off Woodbine Avenue or Highway No. 404 onto Vivian Road. The Camp is 6 km east of Woodbine on your left. If coming from Highway #48, turn west onto Vivian Road and the Camp is 4 km west of Highway #48 on your right.

ITEMS TO BRING: Bedding: sleeping bag or sheets, blanket, pillow
Clothing: casual for camp activities, dress clothes for Reflection Night, extra sweater, one-piece bathing suit, raincoat
Personal: towels, wash cloth, tooth brush, running shoes, camera, Bible, notebook

ITEMS TO LEAVE AT HOME: Pets, radios, walkmans, iPods, cell phones, knives, bicycles, money, comic books, and bad habits.

PLEASE NOTE: Medication must be given to the Camp Nurse.

FOR FURTHER INFORMATION: Holly Andrews 905-476-1454
Donna Coates 905-473-1026

**** LIMITED SPACE --- REGISTER EARLY!! ****

****Consider your application accepted unless otherwise notified.****

Additional applications go to www.pineorchardcamp.com

****USE A SEPARATE FORM FOR EACH CHILD****

CAMPER REGISTRATION FORM

NAME: _____
AGE: _____ BIRTH DATE: _____ day/month/year SEX: M F

ADDRESS: _____

Do you attend Sunday School? Yes _____ No _____

If yes, Name of Church: _____

Minister's Name: _____

Date of Last Tetanus Shot: _____

List of Physical Handicaps or Allergies [if any]: _____

Family Doctor's Name: _____

Phone #: _____

NOTE: A photocopy of your child's valid health card MUST accompany each application

I agree to obey the Director and Camp Officers, and to co-operate fully.

Signature of Camper

I hereby give my consent for my child to take part in the camp at Pine Orchard, July 19 to July 24 2009, and be subject to Camp discipline. I will not hold the Camp responsible in the case of an accident above that which is covered by the insurance. I also hereby acknowledge that any costs incurred as a result of an invalid health card are my responsibility. Further, the Camp Directors are given the right to obtain or approve any medical attention or services deemed as necessary in the best interests of my son/daughter. I, the parent/legal guardian, agree to arrange payments for the costs of medical personnel, ambulance, hospital or whatever other medical services required.

Signature of Parent or Guardian

PHONE #: Home: _____ Cell: _____
Work: _____

You may make 1 special cabin request. Both campers must request to be considered; we will do our best to honour this, but parents must understand that it may not always be possible.