



Registration 2010

Office Use Only:	
Date Received:	_____
Cash / Cheque	_____
Receipt #:	_____
Amount Paid:	_____
Amount Due:	_____

Circle T-Shirt Size Desired						
Youth			Adult			
S	M	L	S	M	L	XL

Please complete one form for each camper.

Camper's Name: _____

Parent/Guardian Name(s): _____

Address: _____ City/Town: _____ Province: _____ Post Code: _____

Daytime Phone: _____ Evening Phone: _____ Cell Phone: _____

Email: _____

Health Card#: _____ Birth date (ddmmyy): _____ Sex: _____ Male _____ Female

Cabin Mate Request: _____ Home church (if any): _____

We will do our best to honour requests but cannot make a guarantee

Indicate the Camp attending:

- Sr Youth (July 4 - 9) \$210 Jr Youth II (August 1 - 6) \$180
 Jr Youth I (July 11 - 16) \$190 Children's II (August 8 - 15) \$180
 Children's I (July 18 - 23) \$180 Day Camp (Aug 16 - 20) \$110
 Day Camp I (July 26 - 30) \$ 110

Fee Calculation:	
Registration Fee:	_____
Minus Family Discount*:	_____
Minus Early Reg. Bonus**:	_____
Total Due:	_____
<small>Cheques can be made payable to Metochos Ministries, and mailed to 738 2nd Street, Estevan, SK, S4A 2B3</small>	

Deposit: \$50 for all programs non-refundable
 * the second child or more from the same family receives a \$10 discount
 Any registration fees **paid in full by June 1, 2010 a \$20 discount applies
 A confirmation will be sent out no later than two weeks before the start date of the first registered camp

On my behalf and on behalf of _____ (camper), I hereby release Metochos Ministries Lutheran Bible Camp Association (Metochos Ministries), its agents, members, and employers, and hold them harmless from any and all liability for any accident, injury or any claim arising out of the said campers use of Metochos Ministries or any of its facilities, or by virtue of or participation in any of its programs.

I understand my photo and/or the photo of my child may be taken and used for promotion of the camp. I grant permission for the camp to use these photos for promotion of the camp without my inspecting or approving the photos.

The information provided herein will be used in summary to provide proper care for campers, for the promotion and funding of the Metochos Ministries, for recruitment of campers, volunteers, staff and supporters of Metochos Ministries. I understand that a **completed health form must be filled in, signed, and provided to the Camp Director prior to my or my child's stay at camp.** Forms are available at www.metochos.ca or by calling the office at 634-9010. Please specify here if there is a parent/guardian who does not have custodial rites of this child and is therefore not allowed custody of this child under any circumstances:

Signature of Parent/Guardian: _____ Date: _____