



CAMP ARTABAN 2017 ADULT REGISTRATION FORM

PLEASE PRINT CLEARLY — One form per camper per camp (photocopies accepted)
1058 Ridgewood Drive, North Vancouver, BC V7R 1H8 Tel: 604-980-0391 / 604-379-9074
Web: www.campartaban.com Email: registrar@campartaban.com

CAMP SESSION NAME: _____ CAMP SESSION DATES: _____

Camper's Last Name: _____ Camper's First Name: _____

Birth date: YYYY _____ MM _____ DD _____ Gender: (circle) M F

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Mobile: _____ Work: _____

E-Mail: _____ Home Church: (if applicable): _____

Emergency Contact: _____ Relationship to camper: _____ Phone: _____
(local please)

Camper Cabin Requests: name of friend(s) - **2 MAXIMUM** 1) _____ 2) _____

How did you hear about Artaban? (circle): Church / Recreation Center / Library / Newspaper / Signage / Parade / Friend / Web / Other

PAYMENTS

Session Fees \$ _____ See schedule of fees next to each session. Please note that all listed fees already include applicable taxes.

Prepaid Canteen \$ _____ Any unused prepaid canteen money will be returned to each camper in cash at the end of camp.

Optional Donation \$ _____ Camp Artaban Society is a not-for-profit organization and, as such, relies on the generous donations of its supporters in order to offer high-quality programming at a reasonable price. There is absolutely no obligation to give, but if you are able to contribute in this way, we will ensure that your funds are used wisely. Tax receipts will be issued for donations of \$20 and above.

TOTAL \$ _____

CHEQUE or CASH Payments: The \$100 non-refundable deposit must be paid at the time of registration. The balance of fees may be covered by an accompanying post-dated cheque dated **June 1st** for Full Fee Payment.

Cheques are payable to: **CAMP ARTABAN SOCIETY.**
(A charge of \$25 will be applied for NSF cheques.)

Current Payment \$ _____ Post-dated cheque \$ _____

VISA or MASTERCARD Payments: Full payment only please.

Cardholder's Name _____

Card Number: _____

Expiry: MM _____ YY _____ Total Payment \$ _____

Signature _____

Please include **FULL** payment with each registration, which can be the full amount right away or the deposit and a post-dated cheque for the balance.

Refund Policy: We cannot refund any portion of fees to campers who cancel fewer than 14 days prior to the start of the camp session.

Please mail or fax your completed Registration Form and Health Record to the Camp Artaban Office at the address/number above. Further detailed information will be sent to you following registration.

OFFICE USE ONLY

ACTUAL CAMP FEE: _____ CANTEEN: _____ DISCOUNT: _____ CAMPERSHIP: _____ **TOTAL DUE:** _____

PAID: _____ DATE: _____ RECEIPT: _____

BALANCE OWING: _____ DATE: _____ RECEIPT: _____

PAID IN FULL: _____ HEALTH FORM: _____ CANCELLATION: _____ OTHER: _____