



# CAMP ARTABAN 2018 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): Anglican Church / Other Church / Recreation Center / Library / Newspaper / Signage / OurKids / Friend / ChatterBlock / 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: \_\_\_\_\_ CAMPSHIP: \_\_\_\_\_ **TOTAL DUE:** \_\_\_\_\_

PAID: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT: \_\_\_\_\_

BALANCE OWING: \_\_\_\_\_ DATE: \_\_\_\_\_ RECEIPT: \_\_\_\_\_

PAID IN FULL: \_\_\_\_\_ HEALTH FORM: \_\_\_\_\_ CANCELLATION: \_\_\_\_\_ OTHER: \_\_\_\_\_