



CAMP ARTABAN 2018

VISITORS DAY REGISTRATION FORM

1058 Ridgewood Drive, North Vancouver, BC V7R 1H8
Tel: 604-980-0391 Website: campartaban.com Email: office@campartaban.com

Visitors' Day
Saturday 14 July 2018
Meet at Horseshoe Bay Government Wharf at 9:30 am
Boat leaves 10:30 am
Boat returns 7:45 pm

Visitors Information

Name:	Phone #:	
Address:		
<input type="checkbox"/> Adult (\$65)	<input type="checkbox"/> Children 2 – 12 (\$45)	<input type="checkbox"/> Babies 0 – 1 (FREE)

Name:	Phone #:	
Address same as above: <input type="checkbox"/>		
Address if different:		
<input type="checkbox"/> Adult (\$65)	<input type="checkbox"/> Children 2 – 12 (\$45)	<input type="checkbox"/> Babies 0 – 1 (FREE)

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Address if different:		
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<input type="checkbox"/> Adult (\$65)	<input type="checkbox"/> Children 2 – 12 (\$45)	<input type="checkbox"/> Babies 0 – 1 (FREE)

Attach an additional sheet, if necessary

Emergency Contact (must be someone off site)

Name:	Relationship to Visitor:
Home Phone Number:	Cell Phone Number:

Do any of the visitors have any medical or mobility issues/concerns? (please bring all needed medications).

Do any of the visitors have any dietary restrictions?

RELEASE OF LIABILITY:

I certify that the information provided is correct and that the visitor is physically, mentally and emotionally fit to attend camp. I recognize that there is some element of risk in any adventure, sport or activity associated with outdoor activities in a wilderness area such as Camp Artaban. I understand and agree that in case of accident, sickness or undisclosed condition or inappropriate behaviour of the visitor during Visitors' Day, the visitor is responsible for any expenses incurred. (It can cost up to \$190 for water taxi to Horseshoe Bay.) I give permission for the camp nurse or health worker to take any measures deemed necessary to maintain the visitor's health while at Camp Artaban, including any necessary emergency measures should they be unable to discuss it with me at the time of an emergency. I release the Diocese of New Westminster, the Board of Directors of the Camp Artaban Society and their respective officers, employees, volunteers and agents from liability for claims for injuries or property loss arising from my attendance and participation in activities at Camp Artaban. I further agree to indemnify the said Board of Directors and hold them harmless from any such claims. I also give permission for photographs of this visitor to be used in future camp promotional material.

Parent/guardian must sign for visitor's under the age of 19.

Visitor 1 Signature: _____

Visitor 2 Signature: _____

Visitor 3 Signature: _____

Visitor 4 Signature: _____

Visitor 5 Signature: _____

Donation (optional)

We are a not-for-profit organization and issue tax receipts for donations of \$20 and above. There is absolutely no obligation to give.

\$ _____ **Total Due** \$ _____

Please note: Visitors' Day Fees are non-refundable.

PAYMENT	
Please make all cheques payable to Camp Artaban Society	
Paid by: _____	
Method of payment: <input type="checkbox"/> Cheque <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Cash	
Cardholder's Name _____	Signature _____
Card Number _____ Expiry Date _____ / _____	
MM YY	