



CAMP ARTABAN 2018 CHILD 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:** _____

ONLY if Attending Fine Arts Camp: (circle one) Theatre / Band / Visual Arts / Stage Crew

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

Birth date: YYYY _____ MM _____ DD _____ **Grade in September 2018:** _____ **Gender:**(circle one) M F

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

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

Parent/Guardian Name: _____ **Phone:** _____ **Work/Cell:** _____

Parent/Guardian Name: _____ **Phone:** _____ **Work/Cell:** _____

Emergency Contact: _____ **Relationship to camper:** _____ **Phone:** _____
(local please, not primary caregiver)

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

How did you hear about Artaban? (circle): Anglican Church / Other Church / ChatterBlock / OurKids.com / Camps.ca / West Coast Families / Recreation Center / Library / Newspaper / Signage / 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	\$ _____	

<p>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.</p> <p>Cheques are payable to: CAMP ARTABAN SOCIETY. (A charge of \$25 will be applied for NSF cheques.)</p> <p>Current Payment \$ _____ Post-dated cheque \$ _____</p>	<p>VISA or MASTERCARD Payments: Full payment only.</p> <p>Cardholder's Name _____</p> <p>Card Number: _____</p> <p>Expiry: MM _____ YY _____ Total Payment \$ _____</p> <p>Signature _____</p>
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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:	_____	TOTAL DUE: _____
PAID:	_____	DATE:	_____	RECEIPT: _____
BALANCE OWING:	_____	DATE:	_____	RECEIPT: _____
PAID IN FULL:	_____	HEALTH FORM:	_____	CANCELLATION: _____ OTHER: _____