

2017 CITYCAMP REGISTRATION FORM

MUSKOKAWOODS

OFFICE USE ONLY

Guest Name _____ **Birthdate** (YYYY DD MM) _____ **Gender** M F
Has attendee previously been a guest at Muskoka Woods? Y N **How many years?** _____
How did you hear about us? _____ **School** _____
Primary language English French Spanish Mandarin Cantonese Other _____

PARENT INFORMATION

PARENT/GUARDIAN 1 _____ Relation <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____ Address _____ City _____ Province _____ Postal Code _____ Email _____ Home No. _____ Mobile No. _____ Summer No. _____	PARENT/GUARDIAN 2 _____ Relation <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Grandparent <input type="checkbox"/> Other _____ Address _____ City _____ Province _____ Postal Code _____ Email _____ Home No. _____ Mobile No. _____ Summer No. _____
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Guest resides primarily with: Both Parent 1 Parent 2 Other _____

SUMMER 2017

DATES	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8
		Jul 3 - Jul 7	Jul 10 - Jul 14	Jul 17 - Jul 21	Jul 24 - Jul 28	Jul 31 - Aug 4	Aug 8 - Aug 11	Aug 14 - Aug 18
CITYCAMP	OAKVILLE	BURLINGTON	OAKVILLE	OAKVILLE	MARKHAM	STOUFFVILLE	STOUFFVILLE	TORONTO
	King's Christian Collegiate	Compass Point Bible Church	John Knox Christian School	John Knox Christian School	The Bridge Church	Springvale Church	Springvale Church	Crescent School
	\$349	\$299	\$349	\$349	\$299	\$340	\$299	\$349
	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select	<input type="checkbox"/> Select
**OPTIONAL LUNCH PROGRAM	Lunch Lady	Lunch Lady	Lunch Lady	Lunch Lady	Kid's Kitchen	Kid's Kitchen	Kid's Kitchen	Kid's Kitchen

**** Optional Lunch program available at all other locations through Lunch Lady or Kid's Kitchen for \$40.00 - \$50.00. Please visit www.thelunchlady.ca or www.kidskitchen.ca for more information. You will be emailed a link to their menu selection after your registration is processed.**

CABINMATE REQUEST

Muskoka Woods can guarantee only one (1) request, and only under these conditions:

- You and your cabinmate request are registered in the SAME age group (as of Dec 31, 2017)
- You and your cabinmate have requested one another
- You have made your request at least two (2) weeks prior to guest arrival.

CABINMATE REQUEST FULL NAME

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ADDITIONAL INFORMATION

Emergency Contact Information - While your child is at Muskoka Woods, should we not be able to reach Parent/Guardian 1 or 2:

Emergency Contact 1 Name _____ **Emergency Contact 2 Name** _____

Emergency Contact 1 Phone _____ **Emergency Contact 2 Phone** _____

Other than above listed emergency contacts, Parent 1 and 2, are there any other(s) authorized to take your child off property?

(If none, please write NONE) _____

Guest T-Shirt Size [Choose 1] YOUTH Small YOUTH Medium YOUTH Large YOUTH X-Large
 ADULT Small ADULT Medium ADULT Large ADULT X-Large

ADDITIONAL SERVICES

Please select any of the below listed services provided by Muskoka Woods CITYCAMP and or listed host site.

<input type="checkbox"/>	\$40.00	Before Camp Care - Available Monday - Friday from 7:30am to 8:30am	Week[s] _____
<input type="checkbox"/>	\$50.00	After Care - Available Monday - Friday from 4pm to 5:30pm	Week[s] _____
<input type="checkbox"/>	\$30.00	CITYCAMP Fun Pack - Water bottle, Hat, t-shirt *subject to tax	Week[s] _____

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STORE ACCOUNT

The store account allows your child to purchase items from our Camp Store while at camp. Muskoka Woods recommends \$20.00 per week. If you would like to add funds, write the amount below in the appropriate week. Note: funds are added on a PER WEEK BASIS.

WEEK	1	2	3	4	5	6	7	8	TOTAL
STORE MONEY									

PAYMENT

All applications must be accompanied by a deposit of \$50 per week with the balance of remaining fees postdated to May 1st, 2017. All payments must be made in Canadian (CAD) funds. Please write the appropriate amount & circle the method of each payment enclosed.

Day Camp Program Fee (not taxed) \$ _____

Additional Services \$ _____

H.S.T. (13%) \$ _____

Store Money (not taxed) \$ _____

TOTAL PAYMENT = \$ _____

- \$50 DEPOSIT per week \$ _____ VISA MasterCard Cheque Cash

= **BALANCE** [post-dated to May 1st] \$ _____ VISA MasterCard Cheque Cash

CREDIT CARD INFORMATION

Name on Card _____ **Cardholder's Signature** _____

Card Number _____ **Expiry Date** _____ **CVV** _____