2015 Registration Form

☐ Celebration Weekend ..... June 26 - 28 ..... Free!
☐ Prime Time ..... June 28 - July 1 ..... $160.00
☐ Jr Youth 1 ..... July 5 - 10 ..... $310.00
☐ Week in the Wild Advanced.... July 5 - 10 ..... $310.00
☐ Canoe Trip ..... July 10 - 13 ..... $260.00
☐ Skills..... July 12 - 17 ..... $310.00
☐ Week in the Wild ..... July 12 - 17 ..... $310.00
☐ Youth..... July 19 - 24 ..... $310.00
☐ Week in the Wild Intermediate. July 19 - 24 ..... $310.00
☐ Extreme Teen ..... July 24 - 27 ..... $210.00
☐ Family Weekend ..... July 24 - 27 .... $400.00/family
..... $125.00/adult
..... $75.00/child
☐ Day..... July 28 - 31 ..... $170.00
☐ Mini ..... Aug 4 - 7 ..... $210.00
☐ Jr Youth 2..... Aug 9 - 14..... $310.00
☐ Youth Leadership ..... Aug 9 - 14..... $310.00
☐ Teen..... Aug 16 - 21..... $310.00

Make cheque payable to Camp Kinasao or pay by Credit Card:
*Name on Credit Card:*_____
I authorize payment of **full camp fee** on my credit card.

Card Number: _____/_____/_____/_____/ Exp Date: ____ ____

Signature: _____

Kinasao Lutheran Bible Camp

Box 327, Christopher Lake, SK S0J 0N0 Office: 306-982-3327
Fax: 306-982-2095 **www.kinasao.ca** Email: info@kinasao.ca

For those registering in **Mini, Jr. Youth and Youth Camps**, choose your skills below!
Number your first 4 choices from 1-4 (with 1 being the most preferred)

___ Archery ___ Volleyball ___ Drama ___ Soccer ___ Dance
___ Art ___ Canoeing ___ Kayaking ___ Survival

For those registering in **Skills Camp**, please choose your skill preference:

___ Music & Drama ___ Sports

CAMPER NEEDS

Does the camper have any health, physical, emotional or behavioral needs which may require special attention while at camp? ☐ YES ☐ NO If yes, please include a brief explanation.

_____

Allergies: ☐ YES ☐ NO If yes, please explain_____

_____

Dietary Concerns: _____

T-SHIRTS

☐ **SUMMER KIDS CAMP PARTICIPANTS, PLEASE INDICATE YOUR T-SHIRT SIZE.**

YOUTH: XS S M L XL
ADULT: S M L XL XXL

☐ **FAMILY CAMP $8.00 EACH - PLEASE INDICATE SIZES REQUIRED.**

never ending love

FEE CALCULATION:

Registration Fee: _____
GST (5%) + _____
Accident Insurance: +$2.50 / camper + _____
Less Family Discount: - _____
Less Early Reg. Bonus: - _____
Canteen Deposit: + _____
TOTAL DUE: _____

Name:_____ Address: _____
City: _____ Prov._____ Postal Code:_____ Phone: _____
Birthdate: MM / DD / YY Gender: ☐ M ☐ F Hospitalization #: _____
Parent/Guardian Names: _____ Email: _____
Home Church (if any): _____ Cabin Mate Request: (Max 2): _____
Have this friend list your name

If registering for Family Camp, please list family members name, age and gender:_____

_____

I give my permission for any photographs or videos of camp activities which may include my child to be used in camp promotional materials, brochures and website. ☐ YES ☐ NO

Parent/Guardian Signature: _____ Date:_____