

CAMP MI-A-KON-DA CAMPER APPLICATION

Pam Lamont
756 Mineral Springs Rd., Dundas, ON L9H 5E3, Canada
Toll Free: 1-877-642-5663 Phone: 1-905-648-9382 Fax: 1-905-648-1305
www.miakonda.com

Camper Name _____
(Surname) (Given Name)

NEW CAMPER: How did you hear about Mi-A-Kon-Da?

Referral From: (Name) _____ Print Advertisement: (Name of Paper) _____
Internet: (Site Name) _____ Camp Fair: (Name) _____
Other: (List) _____

Camp Session(s) _____ (please refer to information sheet)

Birth Date _____ Age on July 1st _____
(month, day, year)

School _____ Current Grade _____

Home Address _____
(number, street, apt.)

(city, province/state, country, postal code/zip code)

Parent 1 _____
(Title) (First Name) (Last Name)

Home Phone _____ Business Phone _____

E-mail _____ Cell _____

Address (if different than above) _____

Parent 2 _____
(Title) (First Name) (Last Name)

Home Phone _____ Business Phone _____

E-mail _____ Cell _____

Address (if different than above) _____

Are you aware of any medical reasons, which would prevent your daughter from participating fully in the camp program? _____

In the event that I cannot be reached, I hereby appoint the Camp Director as my agent to obtain medical or surgical services and hospitalization if required and I accept responsibility for all medical expenses incurred on behalf of my daughter. I grant Camp Mi-A-Kon-Da permission to use any photos taken of my child in their promotional materials.

I enclose my cheque in the amount of \$300.00 payable to Camp Mi-A-Kon-Da Inc. I understand that this deposit will be applied toward the camp fees. \$250.00 of this deposit is refundable if cancellation is made for any reason prior to May 1st.

Signed: _____ Date: _____

On receipt of your application, an outfit list will be mailed. Medical form, camper tent request form and transportation information will be sent prior to camp.