

ADVENTURE MIAKONDA - STEPPING STONES

CAMPER APPLICATION

Friday, June 21 – Sunday, June 23, 2019

Stepping Stones: A 3 day adventure camp for young girls age 6 – 8, where campers have the opportunity to participate in an introduction to overnight camp experience.

Camper Name: _____
(First Name) (Last 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) _____
Alumni: (Name) _____ Other: (List) _____

Birth Date _____ Age on June 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 Camper's address) _____

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

Home Phone _____ Business Phone _____

E-mail _____ Cell _____

Address (if different than Camper's address) _____

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 have enclosed the deposit amount of \$50.00 payable to Camp Mi-A-Kon-Da Inc. I understand that this deposit will be applied toward the camp fees which are due May 1st. The deposit of \$50.00 will not be refunded if cancellation is made for any reason after May 1st.

Signed: _____ Date: _____

On receipt of your application, a Clothing & Equipment List will be sent. Health form, camper tent request form and camp information will be sent prior to camp.

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