



CAMP AK-O-MAK (Since 1928) Kiddie Camp Registration Form for Summer 2020



Please print carefully and return completed application by email or fax.

CAMPER INFORMATION

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: Day: _____ Month: _____ Year: _____ Age: (from 4 to 7) _____ Sex: F M

Home Address: Street: _____ City: _____

Province/State: _____ Country: _____ Postal/Zip Code: _____

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Home Phone: _____ Home Phone: _____

Day/Cell Phone: _____ Day/Cell Phone: _____

E-mail: _____ E-mail: _____

SESSION INFORMATION

(All fees in **Canadian Dollars** and Includes Tuition plus HST (13%) where applicable)

<input type="checkbox"/> Day Camp Week One : June 30 to July 3, 2020	<input type="checkbox"/> Tue	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	Price: \$57.00 a Day..... Total: _____		
<input type="checkbox"/> Day Camp Week Two : July 6 to July 9, 2020	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thurs	Price: \$57.00 a Day..... Total: _____		
<input type="checkbox"/> Day Camp Week Three : July 13 to July 16, 2020	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	Price: \$57.00 a Day..... Total: _____	
<input type="checkbox"/> Day Camp Week Four : July 27 to July 31, 2020	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	Price: \$57.00 a Day..... Total: _____
<input type="checkbox"/> Day Camp Week Five : August 3 to August 7, 2020	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Thurs	<input type="checkbox"/> Fri	Price: \$57.00 a Day..... Total: _____	

Please mark off the days in each week your child will be attending, please total for the week. **TOTAL:** _____

Hours 10:00am to 4:00pm. Lunch is included. Payment will be required in full before the start of each session. We do offer camp store after lunch for all campers to enjoy a small candy or two, additional monies may be charged for camp store expenses please provide a credit card or cash.

PAYMENT INFORMATION

Master Card Visa Cheque

Authorized Amount: _____ Card Number: _____ Expiration Date: _____

Name on Card: _____ Authorized Signature: _____ CVV No. (back of card): _____

Each session can be paid by Cheque, Visa, MasterCard. An information package containing details of the, Sign In & Out Sheet, Medical & Clothing List is available on our website. Payment in full is required before the start of each session.

HOW DID YOU HEAR ABOUT CAMP AK-O-MAK?

Friend Exhibit/Display (please let us know the location) _____ Advertisement (which publication/website?) _____

PARENT/GUARDIAN INFORMATION

I agree Camp Ak-O-Mak is released from liability in connection with medical treatment and unavoidable accidents. Camp Ak-O-Mak has my permission to use necessary medical measures in the event of an emergency. My child has permission to leave the campgrounds with authorized camp staff for scheduled trips and outings. Also, I give Camp Ak-O-Mak permission to utilize my child's photograph or likeness in camp promotional materials.

Parent or Guardian Signature: _____ Date: _____

Accredited Member, Ontario Camping Association
Summer Address: 240 Akomak Road, Ahmic Harbour, Ontario, Canada P0A 1A0, Tel. 705 387 3810, Fax 705 387 0077
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 Email: Dianne@campakomak.com Website: www.campakomak.com