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## *The Week Long Camp Registration Application*

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Welcome to the Week Long Camp. Please fill out this application form and send it to the return address below.

Our camp takes place at the wonderful Camp Everton Facilities, just North-West of Acton. The camp runs inclusive from **Saturday August 15<sup>th</sup> to Friday August 21<sup>st</sup>, 2009**. All participants are required to remain at camp for the entire week, unless other arrangements are made with the staff prior to the week start.

The cost per youth is **\$200.00**. The deposit of \$100.00 is due with this application form and the balance of \$100.00 is to follow before July 1<sup>st</sup>, 2009.

Parents or Guardians are asked to drop off and pick up their youth both at the beginning and end of camp. This gives parents a chance to see the facilities and know where their children will be staying for the week.

After the registration application has been received and the deposit cheque cleared, your spot will remain booked for your youth and an information package will follow closer to the date of camp. In this package, a map, kit list and any other pertinent information will be provided to you.

This year we are achieving new heights and continuing our LIT (Leader in Training) program. This program is for older youth of 14 years of age or Venturer Level participants. There are a limited number of spots for this program, so book very early to reserve a spot.

There are a limited number of spots for this camp, so early registration is suggested. At our camp, we participate in swimming, games, outdoor activities, crafts, star and badge work and a whole bunch of other camp activities that keep us going, going, and going.

We hope to see you at our camp, and if you have any questions, comments or concerns, please feel free to contact us.

Thanks again, and we look forward to meeting you in August.

Sincerely,  
The Week Long Camp Chief  
Beth Billeter

# The Week Long Camp Registration Form

Please return this portion of the form with your deposit

I would like to register my child, \_\_\_\_\_ for the Week Long Camp.

My full mailing address is: (For correspondence purposes including contact name of adult)

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e-mail address: \_\_\_\_\_

My home telephone # is \_\_\_\_\_

Parent/Guardian Signature required: \_\_\_\_\_

**Please circle the correct program that your child will be completing.**

My child will be 7-10 years of age	Yes	
My child will be 11 – 13 years of age	Yes	
My child would like to be in the LIT program (Leader in training program 14 yrs of age or older)	Yes	
My child is a strong swimmer	Yes	No
It is my child's first time away from home	Yes	No
My child is a returning camper from a Previous year	Yes	No

**If possible**, please have my child paired with \_\_\_\_\_ who will also be registering for camp. (Not applicable to LIT program)

My child belongs to: \_\_\_\_\_ Group.

Please mail this return portion with your deposit cheque to:

**The Week Long Camp**  
C/o Administration Co-ordinator  
91 Townhouse Crescent  
Brampton, ON  
L6W 3C4  
Or call 905-459-6648 (no calls after 8 PM please)