



**SLS ALGONQUIN CANOE CAMP '10
APPLICATION FORM**

PERSONAL DATA

LAST NAME: _____ FIRST NAME: _____
 TROOP: _____ AREA/REGION: _____
 SEX (M/F): _____ DATE OF BIRTH (dd/mm/yy): _____ AGE AT CAMP: _____
 MAILING ADDRESS: _____
 CITY: _____ POSTAL CODE: _____
 PARENT/ GUARDIAN NAME(S): _____
 PHONE: HOME: (____) _____ - _____ BUSINESS: (____) _____ - _____
 CELL: (____) _____ - _____
 EMAIL: PARENT/GUARDIAN: _____
 YOUTH: _____

CANOEING EXPERIENCE

My child has never paddled before. My child has attended this camp for the past _____ year(s).
 Other: _____

Please register my child for the following trip, on the week of August 14-21, 2010

Regular Trip X-tra Adventure (if qualified)

Our transportation arrangements for camp will be:

Private Transportation: to camp from camp
 Camp Bus (cost included in camp fees): to camp from camp

FEE SCHEDULE

PRIOR TO APRIL 15, 2010	\$350.00
AFTER APRIL 15, 2010	\$400.00
NON-SCOUTS	\$450.00
AFTER JUNE 30, 2010	REGISTRATIONS WILL NOT BE ACCEPTED.

A \$100 non-refundable deposit payable to Scouts Canada, and a post dated cheque for the remainder dated **no later than June 1, 2010**, must accompany this application form. The camp fee includes all meals, camp permit fees, and transportation to and from the camp. Youth must supply their own paddle, PFD, and personal gear

FOR PARENTS/GUARDIANS

I agree that my child may participate in camp activities. I understand that I must inform Scouts Canada, in writing with this application, if my child has a potentially life-threatening allergy or illness. (Scouts Canada reserves the right to restrict access to camp for certain severe allergies or illness.)

Signed: _____ Dated: _____

Return this application to: Jim Lefler 2808-13,R.R.#1, Gilford Ont, L0L 1R0

For Additional Information contact Jim Lefler (Camp Chief): 905-775-2898