



26th ANNIVERSARY SLS ALGONQUIN CANOE CAMP '12
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: _____
EMAIL 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 18-25, 2012**

- Canoe Adventure Extra 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, 2012 \$375.00 *
AFTER APRIL 15, 2012 \$425.00 *

AFTER JUNE 30, 2012 REGISTRATIONS WILL NOT BE ACCEPTED.

**There will be a \$25 refund provided to returning youth for each youth you bring new to our Algonquin adventures.*

A \$100 non-refundable deposit payable to Scouts Canada, and a post dated cheque for the remainder dated **no later than June 1, 2012**, 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

26th Annual Scout Algonquin Canoe Camp Crest Design Template

Name: _____ Group: _____

