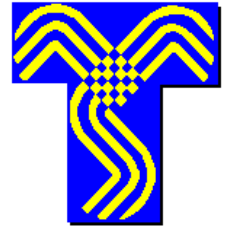
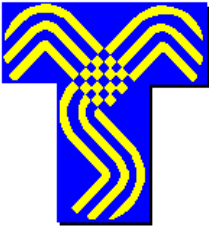


"We have fun building GREAT kids!"



CAMP TAWINGO
2017 CAMPER APPLICATION FORM
SUMMER FUN FOR BOYS & GIRLS 7 TO 16 YEARS OF AGE



Please send this Application Form to:

1844 Ravenscliffe Rd.
Huntsville, ON P1H 2N2

Please check the session(s) of your choice:

Phone: 705-789-5612 / Fax: 705-789-6624 / E-mail: summer@tawingo.net

- | | | |
|---|--|--|
| <input type="checkbox"/> 1ST (Jul 4-21) | <input type="checkbox"/> 2ND (Jul 23-Aug 11) | <input type="checkbox"/> 3RD (Aug 13-28) |
| <input type="checkbox"/> 1A (Jul 4-15) | <input type="checkbox"/> 2A (Jul 23-Aug 5) | <input type="checkbox"/> 3A (Aug 13-19) |
| <input type="checkbox"/> 1B (Jul 16-21) | <input type="checkbox"/> 2B (Aug 6-11) | <input type="checkbox"/> 3B (Aug 20-28) |

CAMPER INFORMATION

(Camper's Last Name)

(Camper's First Name)

Camper's Birthday / He/She will be.....years of age **AT CAMP**.
Day Month Year

Gender:

Grade in **2016/2017 School Year** School.....

No. of Years Camper has attended Camp Tawingo's Residential Camp:..... Day Camp:..... Tawingo College:.....

No. of Years at Other CampsName of Camp(s).....

PARENT INFORMATION

Name of Parent(s) or Guardian(s) With Whom Camper Resides.

Mr. & Mrs. Mr. & Ms. Mr. & Mr. Ms. & Ms. Mr. & Dr. Dr. & Ms. Dr. & Mrs. Dr. & Dr. Mr. Mrs. Ms. Other.....

Parent/Guardian 1 Last Name..... Parent/Guardian 2 Last Name.....

Parent/Guardian 1 First Name Parent/Guardian 2 First Name.....

Parent/Guardian 1 Home Tel. # Parent/Guardian 2 Home Tel. #

Parent/Guardian 1 Bus. Tel. # Parent/Guardian 2 Bus. Tel. #.....

Parent/Guardian 1 Cell/Pager # Parent/Guardian 2 Cell/Pager #

Parent/Guardian 1 E-Mail Parent/Guardian 2 E-Mail

Home Street Address

City Province or State

Country Postal/Zip Code

Fax # Summer Tel. # (if different).....

Camper lives: [] with both parents; [] with one parent (please specify):.....; [] other (please specify):.....

CABIN MATES BEFORE RECORDING ANY CABIN MATE REQUEST, PLEASE READ EACH BULLET BELOW:

- First Year Campers are given preference for cabin mates, although we do consider requests from Veteran Campers as well.
- Each request **must be reciprocated** in order to be fully considered.
- If you wish, please list a **maximum** of **two** persons, who are your **CAMPER'S AGE AND GRADE** in school.
- We look to **TWO NAMES, ONLY**; so please limit your choice to two names, and please state them in order of preference.

1..... 2.....

CAMP ACHIEVEMENTS

I would like my camper to accomplish the following things while at Camp.

.....
.....
.....

REGULAR SESSIONS	PARTIAL SESSIONS	SESSION DATES	CAMP FEE	
				Incl. 13% Tax
1ST		Tues., Jul. 4 to Fri., Jul. 21 (18 days)	<input type="checkbox"/>	\$2429.50
	1A	Tues., Jul. 4 to Sat., Jul. 15 (12 days)	<input type="checkbox"/>	\$1689.35
	1B	Sun., Jul. 16 to Fri., Jul. 21 (6 days)	<input type="checkbox"/>	\$ 971.80
2ND		Sun., Jul. 23 to Fri., Aug. 11 (20 days)	<input type="checkbox"/>	\$2649.85
	2A	Sun., Jul. 23 to Sat., Aug. 5 (14 days)	<input type="checkbox"/>	\$2062.25
	2B	Sun., Aug. 6 to Fri., Aug. 11 (6 days)	<input type="checkbox"/>	\$ 971.80
3RD		Sun., Aug. 13 to Mon., Aug. 28 (16 days)	<input type="checkbox"/>	\$2192.20
	3A	Sun., Aug. 13 to Sat., Aug. 19 (7 days)	<input type="checkbox"/>	\$1022.65
	3B	Sun., Aug. 20 to Mon., Aug. 28 (9 days)	<input type="checkbox"/>	\$1231.70

- Please refer to our "2017 Dates & Rates" sheet (encl.) for session details and eligibility criteria for some sessions.
- An application fee of \$500.00 per camper, per session must be paid at the time the application is made. Verbal applications cannot be accepted nor applications without the application fee of \$500.00. The application fee is applicable to the camp fee and is **not** refundable after **May 1, 2017**. The balance of the Camp fee is due on **April 1, 2017**.
- Chartered Bus Transportation is **not available** on **July 15 for Session 1A** campers, **July 16 for Session 1B** campers, **August 5 for Session 2A** campers, **August 6 for Session 2B** campers, **August 19 for Session 3A** campers, nor on **August 20 for Session 3B** campers. More information regarding transportation will come to you in the spring.

Session	Camp Fee (not incl. tax)
1ST	\$2150.00
1A	\$1495.00
1B	\$ 860.00
2ND	\$2345.00
2A	\$1825.00
2B	\$ 860.00
3RD	\$1940.00
3A	\$ 905.00
3B	\$1090.00

PAYMENT OF FEES

In order to be fair to those families who are co-operative in this regard, and to help us keep the Camp fee as reasonable as possible, we request your diligence in honouring our payment policy. We cannot guarantee your camper's place will be held if we do not receive payment on time. In order to facilitate this process, please complete the following section:

APPLICATION FEE

- Enclosed cheque or money order payable in Canadian Funds to CAMP TAWINGO for the amount of **\$500.00 per camper, per session**.
- Permission for CAMP TAWINGO (Jack Pearse Ltd.) to charge the amount of **\$500.00 per camper, per session** to the credit card listed below.

BALANCE DUE (APRIL 1, 2017)

- Enclosed is a post-dated cheque, dated April 1, 2017, and payable in Canadian Funds to CAMP TAWINGO for the balance of Camp fees and taxes.
- Permission for CAMP TAWINGO (Jack Pearse Ltd.) to charge the balance of the Camp fee and taxes to the credit card listed below on April 1, 2017.

 or  Credit Card Number Expiry Date CVV# _ _ _

Name on Card Signature Payment \$

After May 1st, 2017, the Camp fees and taxes are not refundable unless the Camp Session is completely filled, or a Doctor's note is provided.

OFFICE USE: Date Acknowledged By

Please complete this section if your camper is attending Camp Tawingo for the **first time**. How did your family first learn of Camp Tawingo?

- Friends Internet OCA Directory Advertising Camp Fair (Location)..... Family – Please list if former Camp Tawingo campers (please give maiden names)..... and/or staff (please give maiden names).....

JACK PEARSE MEMORIAL CAMBERSHIP FUND

The "Jack Pearse Memorial Campership Fund" has been set up by members of our Staff Alumni Committee to accept donations in order to send campers who would gain from a summer camp experience, but whose families do not have the funds. The Alumni Committee commits to following a child of their choosing through his or her career at Camp. To donate to this worthy cause, please complete the following: I would like to donate \$..... to the Jack Pearse Memorial Campership Fund. Please enclose a cheque made payable to Camp Tawingo or charge my credit card listed above. Many thanks.

APPLICATION WILL NOT BE PROCESSED IF THIS AREA IS NOT COMPLETED.

Please answer the following questions:

1. **TETANUS IMMUNIZATION DATE – MUST BE CURRENT** **MANDATORY** (DD/MM/YY).....
2. Has your camper received regular immunizations since birth? Yes No
3. Are there immunizations you have chosen not to give your camper? Yes No
- If yes, please specify.....
4. Please indicate any significant medical conditions, physical limitations, or other concerns which will help us effectively care for your camper:
- Anaphylactic Allergy (Please Specify Allergy).....
- Will your camper bring an epipen to Camp? Yes No
- My camper should carry his/her epipen with him/her at all times. Yes No N/A
- Asthma - Will your camper bring an asthma inhaler to Camp? Yes No
- I give permission for my child to keep in his/her cabin and/or on his/her person an inhaler which the camper will self-administer as prescribed. Yes No N/A
- Bed Wetting
- Concussions and/or Head Injuries (If yes, please record date –dd/mm/yy)..... Yes No
- Diabetes
- Ear Infections Nose Infections Throat Infections
- Epilepsy
- Migraine Headaches
- Operation(s) for..... Date(s) (dd/mm/yy).....
- Recent Illness (more info please).....
- Sports-related Injuries (ie. Back ache, knee, ankle problems).....
- Mental Health concerns (please elaborate).....
5. Does your camper take medications throughout the year that will not be sent to Camp this summer? Yes No
- If Yes, please explain.....
- * We strongly recommend that regular medication routines continue while your child is at Camp.**
6. To the best of my knowledge, the information on this medical record is complete, current, and accurate. Yes No
7. I give permission for my child to self-administer the complimentary supplements that I have sent, under the supervision of a member of the Camp Tawingo Health Care staff. Yes No N/A
- To the best of my knowledge, this camper does not have a communicable disease, and is physically able to participate in all Camp activities except as indicated above.
 - All medical problems or conditions requiring ongoing medical supervision or care have been fully noted.
 - I give permission for this health information to be shared with the appropriate Camp staff and outside Medical Personnel as necessary.
 - I understand that I will be notified if extended care has been provided by the Camp Health Centre, or following assessment or treatment by a local physician.
 - In the case of an emergency, if I cannot be reached, permission is hereby given to the Camp staff to take whatever steps deemed necessary to ensure the safety and health of my camper. This also allows permission for the Camp to contact the camper's family physician/specialist. (Please inform your physician/specialist that you have given this authorization.)
 - **I agree to notify the Camp in writing if any changes occur in my camper's health status, medications, or family status between now and the start of the Camp session.**

I UNDERSTAND THAT MY CAMPER WILL NOT BE REGISTERED UNTIL ALL PORTIONS OF THIS APPLICATION FORM HAVE BEEN COMPLETED INCLUDING MY CAMPER'S HEALTH CARD NUMBER & TETANUS IMMUNIZATION.

MY SIGNATURE BELOW INDICATES ALL INFORMATION ON THIS APPLICATION FORM IS COMPLETE AND ACCURATE.

.....
Signature of Parent/Guardian 

.....
Date 