



2020 Camp Registration Form

Full Name of Camper: _____

Name of Parent/Guardian(s):

Date of Birth (mm/dd/yyyy): _____

Health Card Number: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____

Circle Desired Weeks:

- 1. CANCELLED
- 2. July 6 to 10 \$ 289 + hst
- 3. July 13 to 17 \$ 289 + hst
- 4. July 20 to 24 \$ 289 + hst

Home Phone: _____ Mobile: _____

Alt Phone: _____ Email: _____

Gender (M/F): _____

Allergies/Special Needs:

Pre Care required (y/n): _____ Post Care
required (y/n): _____ Tee Shirt Size _____

- 5. July 27 to 31 \$ 289 + hst
- 6. Aug 4 to 7 \$ 237 + hst (4 day)
- 7. Aug 10 to 14 \$ 289 + hst
- 8. Aug 17 to 21 \$ 289 + hst
- 9. Aug 24 to 28 \$ 289 + hst

Waiver: I, the undersigned, do hereby release and agree to save harmless the Thunderbird Golf Club, TMSI Sports Management and their respective officers, employees and/or agents, from all claims for loss, injury or damage, to persons and property while participating in any chosen activity, which I, or any person claiming through me or on my behalf may at any time have arising out of or connected with the operation of this activity, as well as any transport to and from the said activity.

Full Name of Parent/Guardian

Signature of Parent/Guardian

Date: _____

Payment by Cash, Cheque, Visa, MasterCard, Amex, Interac

Office Use Only

Amount Paid _____ Date Paid _____ Staff Initial _____

Payment Method (circle): Cash Cheque Visa MC Amex Interac

Card #: _____ Expiration _____ Signature of Cardholder _____