



YOUTH WILDERNESS ADVENTURE REGISTRATION FORM - 2016

*Note: Please use one form for each registrant Registration is on a first come first served basis.
Full payment must accompany this form to guarantee a reservation

CAMPER INFORMATION:

Full Name: _____ Preferred Name: _____

Age: _____ Gender Identity: _____ Preferred Pronoun _____

First time to Unicamp: Yes No

Address: _____ Telephone #: _____

_____ Birth Date: _____

_____ Congregation _____

PARENT/GUARDIAN INFORMATION:

Full Name: _____ Preferred Name: _____

Relation: _____ e-mail _____

Address: _____ Telephone #: _____

Home phone #: _____ Work _____ Cell: _____

Name of alternate contact: _____ Relation: _____

Home phone #: _____ Work: _____ Cell: _____

All programs include a tshirt this year. Tshirt size: _____ (please specify youth or adult size)

Offered again this year - Bring a new camper (for a someone who has not been a camper before) to Unicamp and receive a 5% discount.

New camper (someone who has not been a camper before) receives a 5% discount as well

There is no tax payable at Unicamp so you save 13%. We do pay 3% to take credit cards so if you wish to donate 3% it would be very helpful. A charitable receipt will be issued for amounts over \$10.

A Wilderness trip package will be sent to you in June which includes a kit list and medical form.

PAYMENT INFORMATION:

Program fee: \$735 - \$ _____

Less 10% Discount if paid by March 30, 2016 - \$ _____

Less 5% Discount for bringing or being a new camper
(name of new camper _____) - \$ _____

Sub total \$ _____

I am paying by credit card and wish to make a donation to offset the 3%
charged by VISA and Master Card + \$ _____

Help camp stay accessible by donating to one of the following funds:
DONATIONS: Capital Fund Campership Fund Unspecified + \$ _____

(For any amount over \$10 you will receive a charitable tax receipt)

TOTAL PAYMENT \$ _____

Please make cheques payable to Unicamp of Ontario and forward to:
400 - 215 Spadina Ave. Toronto ON, M5T 2C7 **before May 15**
or to 638159 Prince of Wales Rd. Mulmur, ON, L9V0C5 **after May 15**
Info – admin@unicampofontario.ca or 519-925-6432

METHOD OF PAYMENT

Cash Cheque VISA or Master Card Etransfer to

admin@unicampofontario.ca

Card # _____ Expiry: _____

CVV _____ Email address _____

Full name on card: _____ (Please print)

For office use only
DATE RECEIVED _____
PROCESSED BY _____