

SUMMER CAMPS 2025

CAMPER INFORMATION:

Campers Full Name: _____ Date of Birth: MM/DD/YYYY Age: _____

Parent/Guardians Name(s): _____ / _____

Address: _____

Email (please print carefully): _____

Phone #1: (____) _____ - _____ Phone #2: (____) _____ - _____ Phone #3: (____) _____ - _____

Health Card #: _____ Expiry _____ / _____

Medical Conditions/Food Allergies: _____

Additional Emergency Contact (Name): _____ (Phone Number): (____) _____ - _____

<p>SLUMBER PARTY <i>(July 7th - 11th)</i> \$199 plus HST</p>	<p>EARLY/LATE DROP OFF (\$25 plus HST) PIZZA FRIDAY: 1(\$5 plus HST) 2(\$7.50 plus HST)</p>	<p>WEEK TOTAL: <i>(before tax)</i> \$ _____</p>
<p>ALOHA MOANA <i>(July 14th - 18th)</i> \$199 plus HST</p>	<p>EARLY/LATE DROP OFF (\$25 plus HST) PIZZA FRIDAY: 1(\$5 plus HST) 2(\$7.50 plus HST)</p>	<p>WEEK TOTAL: <i>(before tax)</i> \$ _____</p>
<p>THE WICKED WIZARD OF OZ <i>(July 21st-25th)</i> \$199 plus HST</p>	<p>EARLY/LATE DROP OFF (\$25 plus HST) PIZZA FRIDAY: 1(\$5 plus HST) 2(\$7.50 plus HST)</p>	<p>WEEK TOTAL: <i>(before tax)</i> \$ _____</p>
<p>SAFARI EXPLORERS <i>(July 28th-Aug 1st)</i> \$199 plus HST</p>	<p>EARLY/LATE DROP OFF (\$25 plus HST) PIZZA FRIDAY: 1(\$5 plus HST) 2(\$7.50 plus HST)</p>	<p>WEEK TOTAL: <i>(before tax)</i> \$ _____</p>
<p>SUMMER INTENSIVE <i>(August 11th-15th)</i> \$239 plus HST</p>	<p>EARLY/LATE DROP OFF (\$25 plus HST) PIZZA FRIDAY: 1(\$5 plus HST) 2(\$7.50 plus HST)</p>	<p>WEEK TOTAL: <i>(before tax)</i> \$ _____</p>
<p>TIME TRAVELLERS <i>(August 18th-22nd)</i> \$199 plus HST</p>	<p>EARLY/LATE DROP OFF (\$25 plus HST) PIZZA FRIDAY: 1(\$5 plus HST) 2(\$7.50 plus HST)</p>	<p>WEEK TOTAL: <i>(before tax)</i> \$ _____</p>
<p>YOUR NAME IN LIGHTS <i>(August 25th-29th)</i> \$199 plus HST</p>	<p>EARLY/LATE DROP OFF (\$25 plus HST) PIZZA FRIDAY: 1(\$5 plus HST) 2(\$7.50 plus HST)</p>	<p>WEEK TOTAL: <i>(before tax)</i> \$ _____</p>

TOTAL *(before tax)* \$ _____

TOTAL TAX DUE (15%) \$ _____

FULL AMOUNT DUE *(inc tax)* \$ _____

DEPOSIT TOTAL (\$50 non-refundable per week of camp) \$ _____

REMAINING BALANCE DUE \$ _____

(remaining due 2 weeks before start of camp)

PAYMENT TYPE: _____

DEPOSIT PAYMENT DATE: _____

REMAINING BALANCE

PAYMENT DATE: _____

HST # 722 0405 16RT 0001 *(for office use only)*