



1958 WILVAKEN 2010

Wilvaken Explorer

☺☺ PLEASE PRINT ☺☺

PLEASE ENROL _____ Gender M F
(name to be used at camp) surname given name
Birth date ____/____/____ Height: ____ Weight: ____ Medical Insurance No. ____/____
year / month / day Quebec residents only exp. date

School _____ Present Grade _____ Language of Schooling _____

Mother Tongue: English French Other _____ Ability in French Language None Poor Good Excellent Bilingual
Swimming ability (Red Cross or equivalent) _____

My child's first experience at camp Y / N - If NO please indicate previous camp attended _____

Wilvaken was recommended by _____

PLEASE INDICATE if desired (at extra charge)
CHARTER BUS To camp Bus Stop – Montreal South Shore

PERIOD OF ENROLMENT: FEES QUOTED ARE BEFORE TAXES
Available for campers ages 6 - 8
1 week June 24 - June 30 \$ 600
Please circle one July 8 - July 14
July 23 - July 29
August 6 - August 12
Contact us prior to sending the registration

FREE T-SHIRT!
Please circle one
Child L
Adult S M L XL

Quebec families: For RL24, please enter SIN and circle : Father or Mother ____/____/____

PARENT INFORMATION: - Please complete to help us update our files

Father _____ Mother _____
surname first name maiden name first name

To help us care for your child, please advise us on an attached note if there is a recent change in marital status, family death, or any other such circumstance about which we should be aware. Explain adequately, and indicate who is the legal guardian of the child.

PLEASE PROVIDE NAME AND ADDRESS AS THEY SHOULD APPEAR ON OUR MAILINGS:

Mr. & Mrs., Dr. & Mrs. _____
Mrs., Ms, Mr., etc. first name or initials surname

Address _____
no. & street apt. no. p. o. box/r. r. no.

city province country postal code

Business Firm and Address of Mother or Father _____

TELEPHONE - Please complete to help update our files

(____) mother home (____) mother cellular (____) summer (____) mother business (____) father business

(____) father home (____) father cellular _____ e-mail

Please register my child at WILVAKEN for the session indicated above. I enclose \$300 as deposit on the total fee. If cancellation is requested before May 1st, this deposit will be refunded less \$100 administration charge. The balance I will pay by submitting a cheque post-dated for May 1, 2010 upon registration. I understand that a refund of fees is provided in case of illness or accident, but no allowances are made for late arrivals, early departures, temporary withdrawals or last minute cancellations. I have read and agreed upon the attached conditions of registration.

Parent's Signature _____ Date _____

Please make cheque payable to **WILVAKEN INC.** and send to:
P.O. Box 741, Hudson Heights, QC J0P 1J0 Canada — Tel.: (450) 458-5051
e-mail: wilvaken@wilvaken.com — web site: www.wilvaken.com
ACCREDITED MEMBER - QUEBEC and ONTARIO CAMPING ASSOCIATIONS