



# 1958 WILVAKEN 2010

☺☺ 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 would like to be in a cabin with \_\_\_\_\_  
Only 2 cabin mates can be considered. We cannot guarantee cabin placements and ask for your understanding. FIRST CHOICE SECOND CHOICE

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) Riding (6 lessons/2wks) \_\_\_\_\_ Water-skiing

CHARTER BUS To camp  From camp  Round trip  Bus Stop – Montreal  South Shore

AIRPORT BUS To camp  From camp  Round trip

**PERIOD OF ENROLMENT:** FEES QUOTED ARE BEFORE TAXES

(4 weeks)	June 24 - July 21	<input type="checkbox"/> \$ 3 140	July 23 - August 19	<input type="checkbox"/> \$ 3 140	(ages 9-15)
(6 weeks)	June 24 - August 05	<input type="checkbox"/> \$ 4 690	July 08 - August 19	<input type="checkbox"/> \$ 4 690	"
(8 weeks)	June 24 - August 19	<input type="checkbox"/> \$ 6 090			"
(2 weeks)	July 23 - August 05	<input type="checkbox"/> \$ 1 710	August 06- August 19	<input type="checkbox"/> \$ 1 710	"

Available primarily for campers ages 9 - 10

(2 weeks) June 24 - July 07  \$ 1 710 July 08 - July 21  \$ 1 710



**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 1<sup>st</sup>, 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