

CAMP KAHQUAH

1. Registration Information:

Name(s)	
Address	
City	
Province/State	
Postal Code	
Phone Number	
Email	

2. Check off which Retreat you will be attending:

<input type="checkbox"/>	September 15-19	Autumn Sunrise
<input type="checkbox"/>	September 22-26	Autumn Glory
<input type="checkbox"/>	September 29-October 3	Autumn Sunset

3. Rates

All prices are per person. *An additional 13% of HST will be charged on top of prices shown.

Accommodation	# of People	Price (\$)
Ahmic View	1-2	330
Ahmic View	3	300
Chalet Lower	1-4	350
Old Chalets Upper	1-5	265
New Chalets Upper	1-5	300
RV Site		153
Lower Lodge	1-2	285
Upper Lodge	1-2	255
Upper Lodge	3+	235
Maplecroft	1-5+	225

4. Please check off which accommodation you would like:

<input type="checkbox"/>	Upper Lodge	<input type="checkbox"/>	New Chalet Upper	<input type="checkbox"/>	RV Site
<input type="checkbox"/>	Lower Lodge	<input type="checkbox"/>	Chalet Lower	<input type="checkbox"/>	Maplecroft
<input type="checkbox"/>	Old Chalet Upper	<input type="checkbox"/>	Ahmic View	<input type="checkbox"/>	

5. Roommate(s) Requested: _____

6. Transportation

Will you need bus transportation to Camp Kahquah? Yes No

Please check off which bus stop you would be boarding at:

Wainfleet BIC		Beamsville Service Plaza @ QEW	
Port Colborne BIC		King City Service Plaza @ 400	
Trinity Life Church			

7. First-Time Camper Gift

How many first-time campers are included on this registration? _____

First-time campers will receive \$20 off their registration fee.

2017 Cancellation Policy

If a cancellation is made before August 15th 2017, your deposit is refunded less a \$25 cancellation fee.

If a cancellation is made between August 15th 2017 and 2 weeks prior to your arrival date, your deposit becomes non-refundable.

If a cancellation is made less than 2 weeks prior to your arrival date, your deposit becomes non-refundable and the full amount of your registration is due in full.

Note: *Cancellations made as a result of medical emergencies will be considered on case-by-case basis at the discretion of the director*

8. Payment Cheques can be made payable to 'Camp Kahquah'

Enclosed is a minimum deposit of \$75/person	
Enclosed is a payment in the amount of \$_____	

9. Medical Information

Do you have any medical, dietary, or physical issues that we should know about? The information is for our use only and will be used to help us in our planning. It will make Camp happier, healthier and safer for everyone!

Emergency Contact Name: _____ Phone Number: _____
 Family Doctor Name: _____ Phone Number: _____
 OHIP/Health Card Number: _____

For more information contact Glennis Giles 905-382-6844 or Karen Nix 905-382-2369

Mail this registration form with payment to:
 Glennis Giles
 3731 Black Creek Road, Stevensville, ON, L0S 1S0