

CAMP KAHQUAH

1. Registration Information:

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

2. Check off which Retreat you will be attending?

<input type="checkbox"/>	September 14-18	Autumn Sunrise
<input type="checkbox"/>	September 21-25	Autumn Glory
<input type="checkbox"/>	September 28 – October 2	Autumn Sunset

3. Rates (All prices are per person +13% HST):

Accommodation	# People	Price (\$)
Ahmic View	1-2	335
Ahmic View	3	305
Chalet Lower	1-2	390
Chalet Lower	3-4	360
Old Chalets Upper	1-5	270
New Chalet Upper	1-5	305
Upper Lodge	1-2	260
Upper Lodge	3+	240
Lower Lodge	1-2	290
Maplecroft	1-5+	230
RV Site		155

4. Please check off which accommodation you would like:

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

5. Roommate(s) Requested: _____

6. First-time Camper Gift

How many first-time campers are included in this registration? _____
(First-time campers will receive \$20 off their registration fee.)

2018 Cancellation Policy

If a cancellation is made before August 15th, 2018, your deposit is refunded less a \$25 cancellation fee.

If a cancellation is made between August 15th, 2018 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 and payable.

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

7. Payment

Make cheques payable to "Camp Kahquah"

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

8. 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 #: _____

Family Doctor Name: _____ Phone #: _____

Health Card Number: _____

Mail this registration form with payment to:

Glennis Giles
3731 Black Creek Road, Stevensville, ON L0S 1S0

For more information contact Glennis Giles at (905) 382-6844