



2019 North of 50 Registration

1. Guest Information:

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

2. Select the Retreat you will be attending?

	September 13-17	Autumn Sunrise (Full Retreat)
	September 13-15	Autumn Sunrise (Mini Retreat)
	September 20-24	Autumn Glory
	September 27 – October 1	Autumn Sunset

3. Please select your accommodation (All prices are per person +13% HST):

Accommodation	# People	Full Retreat 4 nights, 11 meals	"Mini" Retreat 2 nights, 6 meals	Selection <input checked="" type="checkbox"/>
Ahmic View	1-2	\$340	\$238	
Ahmic View	3-4	\$310	\$217	
Chalet Lower	1-4	\$360	\$252	
Old Chalet Upper	1-5	\$275	\$193	
New Chalet Upper	1-5	\$310	\$217	
Upper Lodge	1-2	\$260	\$182	
Upper Lodge	3+	\$240	\$168	
Lower Lodge	1-2	\$295	\$207	
Maplecroft	1-5+	\$235	\$165	
Birchmere	1-5+	\$235	\$165	
Linger Long		\$235	\$165	
Camp Site		\$158	\$110	

4. Roommate(s) Requested: _____

5. First-time Camper Gift

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

2019 Cancellation Policy

If a cancellation is made before August 15th, 2019, your deposit is refunded less a \$25 cancellation fee.

If a cancellation is made between August 15th, 2019 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.

6. Payment

A deposit of \$75/person is required.

Enclosed is a payment in the amount of \$ _____

Please make cheque payable to "Camp Kahquah"

7. 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 #: _____

Mail this registration form with payment to:

Pauline Cober
121 David St, Wellesley ON N0B 2T0
(519) 656-2776

Office Use Only			
Date Received	Chq #	Cheque Amount	Accommodation Assigned