



CAMP CLARET

2030, Galt East
Sherbrooke, Qc J1G 3J1
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REGISTRATION FORM CAMP SEASON 2019

1-WEEK SESSIONS

SURNAME:		FIRST NAME:		SEX: M <input type="radio"/> F <input type="radio"/> O <input type="radio"/>		DATE OF BIRTH:		M	D	Y
FATHER'S NAME:				MOTHER'S NAME :						
OCCUPATION:				OCCUPATION:						
ADDRESS:				ADDRESS:						
CITY:		POSTAL CODE:		CITY:		POSTAL CODE:				
TEL: (home):		CELL :		TEL: (home):		CELL :				
FATHER'S E-MAIL :				MOTHER'S E-MAIL :						

All correspondence to be sent by mail or e-mail to: Father or Mother

1-WEEK CAMP SESSIONS

1A <input type="radio"/>	2A <input type="radio"/>	3A <input type="radio"/>	4A <input type="radio"/>
1B <input type="radio"/>	2B <input type="radio"/>	3B <input type="radio"/>	4B <input type="radio"/>

Method of payment : Credit card Interac e-Transfer Personal check

Do not write. Office use only.

Promotional material : As Camp Claret will take pictures and/or film various activities involving my child during his/her stay at camp, I hereby authorize the use of this material, in whole or in part, for promotion purposes. Yes No

I authorize the camp administration to take necessary medical actions regarding the health of my child.

Signature: _____ Date: _____

Attending camp for 1st 2nd 3rd 4th _____ year.

Language(s): French English Other _____

Weight: _____ Height: _____

Allergies: No Yes Specify: _____

Your camping holiday could be even more enjoyable if a friend attended camp with you. Write their names and complete address below; you will have the chance to participate in the drawing of a free session at camp.

1) NAME: _____

ADDRESS: _____

2) NAME: _____

ADDRESS: _____

N.B The registration fee and 1st installment must accompany this form.
Balance due June 15th.

Receipt for income tax purposes should be made out to Father or Mother

PARENT'S SOCIAL INSURANCE NUMBER REQUIRED: _____

DATE	DEBIT	CREDIT	BALANCE

IN CASE OF EMERGENCY (2 names required other than parents)

1) NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TEL: (home): _____ CELL: _____

FAMILY RELATIONSHIP: _____

2) NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TEL: (home): _____ CELL: _____

FAMILY RELATIONSHIP: _____

How did you hear about Camp Claret?

- References from family or friends
- Quebec Camp Directory and Quebec Camping Association website
- Social media and Camp Claret website: www.campclaret.qc.ca