



CAMP CLARET

2030, Galt East
Sherbrooke, Qc J1G 3J1
Tel.: (819) 562-1435 Fax: (819) 563-9322
E-mail: carmel@campclaret.qc.ca



REGISTRATION FORM CAMP SEASON 2020

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 | 2A | 3A | 4A
1B | 2B | 3B | 4B

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.

DATE	DEBIT	CREDIT	BALANCE

Signature: _____ Date: _____

Attending camp for 1st 2nd 3rd 4th _____ year.
Language(s): French English Other _____
Weight: _____ Height: _____
Allergies: No Yes Specify: _____

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: _____

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: _____

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