



2020 Summer Camp Registration

Important Information

- **Payment Info:** Full payment must accompany a registration form in order to hold a spot. Fax or phone registrations may be paid by VISA or Mastercard.
- **Give the Gift of Camp:** The generosity of donors makes it possible for children of low-income families to attend camp through our Campership Fund. If you would like to contribute to the Campership Fund, please contact the camp office, donate online at www.squeah.com or include a separate cheque with your registration.
- **Financial Assistance:** The Campership Fund is available to children of families requiring financial assistance. Families may apply for campership by contacting the camp office for an application or by downloading it from our website, www.squeah.com/camps/register/.
- **Early Bird Discount:** Save \$20 if we receive your registration and payment by February 29th. Discount applies to all camps except *Discoverers*, *Explorers*, *LT Programs*, *Daytrippers* and *Family Camp*.
- **Sibling Discount:** \$10 off for the second child and \$20 off for additional children from the same family. Does not apply to *Family Camp* or *Daytrippers*.
- **Cancellation Policy:** In the event of a cancellation, the registration amount, less a \$50 administration fee, will be refunded. Cancellations within two weeks of the camp session start date are not eligible for a refund except in situations of serious illness or injury.
- **Privacy of Information:** Registration data will only be used to register campers for summer camp and to mail next year's brochure. It will not be shared with anyone else for any other purpose.

www.squeah.com/camps

4—27915 Trans Canada Hwy, Hope BC V0X 1L3

Phone: 1.604.869.5353

Fax: 604.869.5364

Email: registrar@squeah.com

Camp Info

Camp Name & Dates _____
(e.g. Explorers, Aug 23-26)

Cabin Mate request _____
(First and Last name. Cabin Mate requests MUST be mutual and only ONE request per camper. Requests are NOT guaranteed.)

Camper Info

Camper Name _____

Birthday _____ Age _____ Boy
(yyyy-mm-dd) (As of Dec 31, 2020) Girl

Parent/Guardian Name(s) _____

Primary Caregiver(s) _____
(if different than Parent/Guardian)

Address _____
(of camper and primary caregiver)

City _____ Prov ____ Post Code _____

Primary Phone _____

Other Phone _____

Email Address _____

Payment Information

Credit Card Info:

Please charge my _____ Visa _____ MasterCard _____

Card # _____

Exp. Date _____ CCV# _____

Name on Card _____

Cardholder Signature _____

Cheque Info:

Cheque # _____ Cheque Date _____

Name of Account Holder _____

Please send me proof of payment