



LEADER IN TRAINING for those 14 years of age or entering grade 9
COUNSELOR IN TRAINING for those 15 years of age or entering grade 10
REGISTRATION FORM - 2012

An Application form must be completed and submitted with this Registration Form. Full payment must accompany this form to guarantee a reservation.

CAMPER INFORMATION:

First Name: _____ Last Name: _____
 Age: _____ Gender: _____ First time to Unicamp: Yes No
 Address: _____ Telephone #: (_____) _____
 _____ Birth date: _____
 _____ Congregation _____
 campers e-mail _____

PARENT/GUARDIAN INFORMATION:

First Name: _____ Last Name: _____
 Relation: _____ e-mail _____
 Address: _____ Telephone #: (_____) _____
 Home phone #: (_____) _____ Work: (_____) _____ Cell: (_____) _____
 Name of alternate contact: _____ Relation: _____
 Home phone #: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Both programs are for 3 weeks and run from July 8-28 Cost \$1,130.00 There is no tax payable at Unicamp.

A 10% discount is offered if full payment is made by March 15th, 2012. Please note that to receive this discount payment **must reach Unicamp at the address below by March 15.**

You can register by e-mail – admin@unicampofontario.ca, or by telephone – 519-925-6432.

We are offering horseback riding again this summer once during the program – cost \$60.00. Please call/e-mail for forms.

New camper discount – 10% if you bring a new person and 10% for the new camper

PAYMENT INFORMATION:

Total program fee	\$ 1,130.00
Less 10% if payment reaches us by March 15th, 2012	-\$ _____
Less 10% discount if bring a new camper or are a new camper (name of new camper _____)	-\$ _____
Horseback riding - \$60.00	+\$ _____
Tuck Shop \$5.00 per week	+\$ _____
I am paying by credit card and wish to make a donation to offset the 3% Charged by VISA and Master Card	+\$ _____
DONATIONS:	
Capital/Mortgage Fund Campership Fund New Building Fund	+\$ _____
TOTAL PAYMENT	\$ _____

Please make cheques payable to Unicamp
 Please forward this form to Unicamp, 638159 Prince of Wales Rd., Box 91, Honeywood, ON L0N 1H0 .
 519-925-6432

METHOD OF PAYMENT	Cash	Cheque	Credit Card
Card # _____		Expiry: _____	
Full name on card: _____	(Please print)		
Signature _____			

For office use only	
DEPOSIT # _____	
DATE RECEIVED _____	
PROCESSED BY _____	
DATE DEPOSITED _____	