Site 147 Comp 12 RR4
Rocky Mountain House, AB
T4T2A4

Camp phone: (403) 845-4325
Edmonton office: (780) 468-1492
helaventures@gmail.com

REGISTRATION FORM

Youth Adventure Camp - July 28 -August 1, 2019

PARTICIPANT LAST NAME: _____

PARTICIPANT FIRST NAME: _____

DATE OF BIRTH: _____

GENDER: □ MALE □ FEMALE

PARENT/EMERGENCY CONTACT NAME: _____

PARENT/EMERGENCY CONTACT EMAIL ADDRESS: _____

PARENT/EMERGENCY CONTACT PHONE NUMBER:

HOME: _____

CELL: _____

EMERGENCY MEDICAL INFORMATION ***(****Any information that we should be aware of)*

_____

_____

_____

_____

DOES YOUR CHILD REQUIRE A SPECIAL DIET?
(Cost $25.00+gst)

□ Gluten-free
□ Lactose-free
□ Vegan
□ Other : _____
□ Not Applicable

METHOD OF PAYMENT: □ Cheque
□ e-transfer