St Peter’s Comox

Registration for Camp Homewood's Valenteen Weekend

Feb 10-12, 2017

Name of Youth:

Address:

City: Province: Postal Code:

Email: Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name(s) and Contact #: \_\_\_\_\_\_

Alternate Responsible Adult contact #:

Child’s PHN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any health or dietary needs/concerns ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This camp will include dormitory style accommodations, bible study, riflery, archery, horseback riding, canoeing and other outdoor pursuits such as wide games and large inside active group games. By signing below, I am indicating that this event is appropriate for my child and that I have let the Youth Worker (Rosanne Lyster) know of any limitations or special needs of my child.

Please include a cheque for $75 per youth **made out to St. Peter's Church**. Please speak to Rosanne about financial assistance if needed.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We need parent drivers. If you are able to help out with driving, please indicate .

I can drive... \_\_\_\_\_ to the ferry on Friday (leaving St. Peter's at 4 pm)

\_\_\_\_\_ or home from the ferry on Sunday (leaving Campbell River at 1:15 pm)

I can drive (# of teens) in my vehicle.

Please return this form to Rosanne by Feb 4th or let her know by phone at 250-339-6416 or 250-898-7527.