

MTBC 2019 REGISTRATION

PRINT CLEARLY so we have accurate information so there is no delay in processing your form. Thank You!

Rec# _____

CAMPER'S

LAST Name _____ FIRST _____ M ___ F ___ Age _____

Parent(s) / Guardian(s) Name _____ Campers B-Day (D/M/Y) _____

Email address (for confirmation & receipt) _____

Mailing Address _____ City _____ Prov. _____ Postal Code _____

Home Phone # _____ Mother's Cell # _____ Work # _____

Father's Cell # _____ Work # _____ First Time to MTBC: YES ___ NO ___

Church (if you attend) _____ ONE Cabin Friend _____

(Must be a mutual request)

MEDICAL INFO

Health Card # _____ Expiry Date _____

Does your child have any known allergies? Yes ___ No ___ (if yes, please list) _____

Does your child take daily medication? Yes ___ No ___ (all meds are handed into the nurse at registration)

Does your child have a history of: Asthma ___ Heart Trouble ___ Bed Wetting ___ Sleep Walking ___ ADD/ADHD ___ Anxiety ___

Date of last tetanus shot _____ (Attach a note if there are any other medical or behavioral concerns we need to know)

Emergency Contact (the person below will be contacted if we cannot reach the Parent/Guardian)

Name _____ Relation to camper _____

Phone # _____ Cell # _____ Work # _____

CONDITIONS AND POLICIES

(Please check each, to which you agree and sign below)

___ MTBC has my permission to use any image or likeness of my child for promotional purposes ONLY (brochure, website, camp videos)

___ Campers are not to leave camp property except as part of camp activities supervised by MTBC staff, or the person designated to.

___ IN CASE OF AN EMERGENCY, I hereby give permission to MTBC to obtain medical treatment or hospitalize my child if needed.

___ I hereby give permission for my child to participate in horseback riding supervised by MTBC staff. Every effort will be made to ensure the safety of all riders, however, with riding; there is always a risk of injury.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

CHOOSE YOUR CAMP ADVENTURE...

(TAX INCLUDED IN CAMP FEES)

Feb. 15 - 16	February Freeze 1	\$40 _____
Feb. 22 - 23	February Freeze 2	\$40 _____
April 5 - 7	F.L.O.W	\$60 _____
April 12 - 14	M.O.I.	\$60 _____
July 3 - 5	Happy Kamp	\$100 _____
July 7 - 12	Jr. Kids Camp	\$340 _____
	Saddle Up 1	\$380 _____
	L.T.P.	\$180 _____
July 14 - 19	Sr. Kids Camp	\$340 _____
	Adventure	\$397 _____
	Giddy Up	\$380 _____
July 21 - 26	Multi Age 1	\$340 _____
	Wilderness	\$350 _____
	Range Riders	\$380 _____
July 28 - Aug 2	Multi Age 2	\$340 _____
	Pattern & Games	\$397 _____
Aug. 4 - 9	Extreme Teen	\$397 _____
	Drama	\$397 _____
	Saddle Up 2	\$397 _____
	Rails & Trail	\$397 _____
Aug 30 - Sept 2	Family Camp - See web site to print a registration form. LIMITED SPACE	
Sept. 20 - 22	M.O.I.	\$60 _____
Oct. 4 - 6	F.L.O.W.	\$60 _____
Nov. 1 - 2	Autumn Aftershock	\$50 _____

CAMP FEE

\$ _____

(No Discounts for HAPPY KAMP)

1st Early Bird Discount: \$20

Paid in full before March 31st - \$ _____

2nd Early Bird Discount: \$10

Paid in full between April 1st-30th - \$ _____

Multi Camp Discount: \$10/week

Attending more than one week - \$ _____

Buddy Discount: \$10/child

Bring a NEW friend to camp - \$ _____

Family Discount:

\$10/child: 2 in same family - \$ _____

\$15/child: 3 + in same family - \$ _____

Total lines above = \$ _____

TOTAL AMOUNT DUE \$ _____

OFFICE USE

Date Received

M ___ D ___

Date Posted

M ___ D ___

Date Conf. sent

M ___ D ___

Am. Enclosed

\$ _____

Cash MO

Cheq # _____

PIF \$ _____

BO \$ _____

IF PAYING BY: ___ VISA ___ MC ___ AM EX ___ DEBIT

NAME on Card: _____ **CSC #** _____

Card # _____ **Exp. Date** _____

E-Transfers: mtbcbookkeeping@gmail.com / Password: registration19

Put full name of child/children in the message of your e-transfer.