

# MTBC 2020 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 / Guardians 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 need to be handed into the nurse at registration)

Does your child have: Asthma \_\_\_ Heart Trouble \_\_\_ Bed Wetting \_\_\_ Sleep Walking \_\_\_ ADD \_\_\_ ADHD \_\_\_ Anxiety \_\_\_  
 Depression \_\_\_ Autism Spectrum \_\_\_ Tourette's \_\_\_ Please let us know if there are any other medical or behavioral concerns we should know about or ways to help us make your child's camping experience the best we can.

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

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 / GUARDIANS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### CHOOSE YOUR CAMP ADVENTURE... (TAX INCLUDED IN CAMP FEES)

Feb. 14 - 15	February Freeze 1	\$50 _____
Feb. 21 - 22	February Freeze 2	\$50 _____
April 3 - 5	F.L.O.W	\$70 _____
April 17 - 19	M.O.I.	\$70 _____
July 1 - 3	Happy Kamp	\$100 _____
July 5 - 10	Jr. Kids Camp	\$340 _____
	Saddle Up 1	\$380 _____
	L.T.P.	\$180 _____
July 12 - 17	Sr. Kids Camp	\$340 _____
	Adventure	\$397 _____
	Giddy Up	\$380 _____
July 19 - 24	Multi Age 1	\$340 _____
	Wilderness	\$350 _____
	Range Riders	\$380 _____
July 26 - 31	Multi Age 2	\$340 _____
	Pattern & Games	\$397 _____
	Aug. 2 - 7	Extreme Teen
Aug. 2 - 7	Saddle Up 2	\$397 _____
	Rails & Trail	\$397 _____
	Sept. 4 - 7	Family Camp - See web site to print a registration form. <b>LIMITED SPACE</b>
Sept. 18 - 20	M.O.I.	\$70 _____
Oct. 2 - 4	F.L.O.W.	\$70 _____
Nov. 6 - 7	Autumn Aftershock	\$50 _____

**CAMP FEE** \$ \_\_\_\_\_

(No Discounts for HAPPY KAMP or Retreats)

**1<sup>st</sup> Early Bird Discount: \$20**  
 Paid in full before March 31st -\$ \_\_\_\_\_

**2<sup>nd</sup> Early Bird Discount: \$10**  
 Paid in full between April 1st-30<sup>th</sup> -\$ \_\_\_\_\_

**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 ET

Cheq # \_\_\_\_\_

PIF \$ \_\_\_\_\_

BO \$ \_\_\_\_\_

IF PAYING BY: \_\_\_ VISA \_\_\_ MC \_\_\_ AM EX \_\_\_ DEBIT

NAME on Card: \_\_\_\_\_ CSC # \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

E-Transfers: [mtbcbookkeeping@gmail.com](mailto:mtbcbookkeeping@gmail.com) / Password: registration2020  
 Put full name of child/children in the message of your e-transfer.