

MTBC 2021 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...

July 7-9 **HAPPY KAMP** Full Week: \$150 _____
Daily \$50: Wed ___ Thurs ___ Fri ___

July 12-16 **JR. KIDS**
Full Week: \$275 _____ Daily: \$55 _____
SADDLE UP 1
Full Week: \$315 _____ Daily: \$63: _____

July 19-23 **SR. KIDS**
Full Week: \$275 _____ Daily: \$55: _____
GIDDY UP
Full Week: \$315 _____ Daily: \$63: _____

July 29-30 **MULTI AGE 1**
Full Week: \$275 _____ Daily: \$55: _____
RANGE RIDERS
Full Week: \$315 _____ Daily: \$63: _____

Aug. 2-6 **MULTI AGE 2**
Full Week: \$275 _____ Daily: \$55: _____
PATTERNS & GAMES
Full Week: \$335 _____ Daily: \$67: _____

Aug. 9-13 **EXTREME TEEN**
Full Week: \$300 _____ Daily: \$60: _____
SADDLE UP 2 / RAILS & TRAILS
Full Week: \$335 _____ Daily: \$67: _____

Sept. 3-6 **Family Camp Ground** - See web site

***Early Bird Discount only applies if registering for a full week of camp.**

***No discounts on Happy Kamp.**

FULL WEEK FEE \$ _____

DAILY FEE \$ _____

If registering for less than the full week please check what days you would like to register for. Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___

of days _____ X Daily fee _____ = Total Daily Fee \$ _____

OFFICE ONLY

Early Bird Discount: \$20

Paid in full before April 2nd **-\$ _____**

Family Discount:

\$10/child: 3 + in same family - \$ _____

Total lines above = \$ _____

TOTAL AMOUNT DUE \$ _____

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

NAME on Card: _____ CVC # _____

Card # _____ Exp. Date _____

**E-Transfers: mtbcbookkeeping@gmail.com / No password needed
Put full name of child/children in the message of your e-transfer.**