

MTBC 2024 REGISTRATION

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

Rec#

LAST Name _____ FIRST _____ M _____ F _____ Age _____
Parent / Guardian's Name _____ Camper's 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 unless supervised by MTBC staff, or with their designated pick up person.
____ 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.
____ It is the policy of BCM International (Canada) Inc. that all campers will be housed according to their biological gender.

PARENT / GUARDIANS SIGNATURE _____ DATE _____

CHOOSE YOUR CAMP ADVENTURE...

Feb. 9-10	February Freeze	\$55 _____
Feb. 17	Teen Turnout	FREE _____
March 13	Day Camp	\$35 _____
March 16	Teen Turnout	FREE _____
April 20	Teen Turnout	FREE _____
April 26-27	M.O.I.	\$75 _____
May 11	Teen Turnout	FREE _____
May 24-25	F.L.O.W.	\$75 _____
June 7-8	C & C Retreat	\$75 _____
July 3-5	Happy Kamp	\$162 _____
July 7-12	Multi-Age 1	\$375 _____
	Saddle Up 1	\$412 _____
July 14-19	Multi-Age 2	\$375 _____
	Giddy Up	\$412 _____
July 21-26	Multi-Age 3	\$375 _____
	Wilderness	\$385 _____
	Range Riders	\$412 _____
July 29 -Aug. 2	Day Camp	\$200/week _____ \$45/day _____
Aug. 4-9	Extreme Teen	\$418 _____
	Saddle Up 2	\$418 _____
	Rails & Trail	\$418 _____
Aug. 30–Sept. 2	Family Camp -	See Web Site

CAMP FEE

(No Discounts for Retreats or Happy Kamp)

Early Bird Discount: \$20

Paid in full before March 31st

Multi Camp Discount: \$10/week

Attending more than one week

Buddy Discount: \$10/child

Bring a NEW friend to camp

Family Discount:

\$10/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 / No password needed.
Put full name of child/children & camp in the message of your e-transfer.