Camp Canonicus Registration Form - please print clearly

Camper Name: _____

Camper Birth Date: ___/___/___ Gender: _____ Grade Completed: _____

Address: _____

Telephone: _____ Email: _____

Church affiliation (if any): _____

Parent / Guardian Name(s):

_____

Please complete the information below. Use a separate line for each program.
We will **try** to honor one groupmate per request for campers in the same program and same approximate age.

Program: _____ Date: _____
$ _____ Groupmate request: _____

Program: _____ Date: _____
$ _____ Groupmate request: _____

Program: _____ Date: _____
$ _____ Groupmate request: _____

***Day Campers Only**

Extended Care ($35 / week) $ _____
Lunch Program ($20/week) $ _____

Yes, I want my child to receive lunch provided by camp.

A $75 non-refundable deposit must be submitted with this form for each week.
Total $ _____ of camp.

If you have been approved for financial assistance from your church or agency:
Name of church or agency providing assistance:

_____

Authorized individual from church or agency:

_____ Award Amount: $ _____

[ ] I **do not** want photos taken of my child to be used in promotional materials or displayed on the Canonicus website.

Our camp is now peanut-free. Does your child have any food allergies? [ ] Yes [ ] No

Payment Method: [ ] Check (payable to ABCORI)
[ ] Credit Card*

(check one) [ ] Visa [ ] MasterCard [ ] Amex [ ] Discover

Amount to charge: $ _____

Credit Card Number:_____ Expiration Date: _____

Name on Card: _____

*This is not a secure link for credit card info, you may want to call, send, or come in to the office with your card information.