



Camp Canonicus

...to sense our belonging in all God has made

Unsinkable Faith

-Matthew 14:22-33

Summer 2020 Pricing

June 22 – June 26 (Week 1)		
Day Camp	Ages 4 – 12	\$250
June 28 – July 3 (Week 2)		
Day Camp	Ages 4 – 12	\$250
On My Way (2 3-day sessions)	Ages 6 – 8	\$170
Theater Camp	Ages 8 - 18	
LIT (week 1 of 3)	Ages 15 – 18	\$580
July 5 – July 9 (Week 3)		
Day Camp	Ages 4 – 12	\$250
Cooking	Ages 10 – 14	\$360
Fishing	Ages 10 – 16	\$400
LIT (week 2 of 3)		
July 12 – July 17 (Week 4)		
Day Camp	Ages 4 – 12	\$250
Water Adventure	Ages 10 – 16	\$385
Overnight Experience	Ages 8 – 14	\$365
LIT (week 3 of 3)		
July 19 – July 24 (Week 4)		
Day Campe	Ages 4 – 12	\$250
On My Way (2 3-day sessions)	Ages 6 – 8	\$170
Archery	Ages 10 – 16	\$360
Survivor Camp	Ages 11 – 16	\$360
July 26 – July 31 (Week 5)		
Day Camp	Ages 4 – 12	\$250
Fellowship Builders	Ages 12-16	\$310
Adventure Camp	Ages 10 – 16	\$410
Adirondack Backpacking	Ages 14 – 18	\$400
Aug. 2 – Aug. 7 (Week 6)		
Day Camp	Ages 4 – 12	\$250
Aug. 9 – Aug. 14 (Week 7)		
Day Camp	Ages 4 – 12	\$250
Night Owl	Rising 6 th – 8 th graders	\$340
Senior High Camp	Rising 7 th – 9 th graders	\$340

Multi – week Discounts

4 weeks of daycamp for \$850.

8 Weeks of daycamp for \$1700.

2 Weeks of overnight specialty camp for \$700.(Cannot be for LIT, Backpacking or Adventure)

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 (\$25/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 signature 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: _____

Signature: _____

Dietary Concerns

(This form is required at time of registration.)

Allergies

★ Does your child have any food allergies?

- Yes
 No

★ If yes, please specify.

Special Requests

Please list any special dietary concerns
(Examples: Gluten-free, vegetarian, lactose intolerant, etc.)

Parent's signature

Camp Director's signature

Child's Last Name _____

Child's First Name _____