Registration Form

Name _____ . Age _____ . Gender _____ .
First Last

Address _____ .
Street Apt. City Postal Code

Work Phone _____ . Home Phone _____ . Cell: _____ .

Email: _____ . OHIP # _____ .

Elementary School: _____ .

Allergies: _____ .

Medical Issues:

_____

_____

_____

_____

Special Dietary Needs:

_____

_____

_____

_____

Shirt Size: S M L XL XXL

Payment Information**:**

Cost: Early Bird Registration (Before June 1) $ 175
Regular Registration (After June 2) $ 200

- Make cheques payable to **St. Joseph's Catholic Secondary School**

Mailing Information:

Please mail registration form and cheque to: (Upon receipt a confirmation email will be sent)

St. Joseph's Catholic Secondary School
C/O Jack Chisholm
1500A Cumberland St.
Cornwall Ont
K6J 5V9
(613) 932-0349

Cancellation Policy: If the camp is cancelled due to a lack of participants, a full refund will be granted