



GBC Events Registration Form



Please return to: GLEN BERNARD CAMP, Sundridge, Ontario. P0A 1Z0
Phone: (705) 384-7062 Fax: (705) 384-0155 • email: info@gbcamp.com

CONTACT INFORMATION:

Name: First.....Last.....Maiden.....

Years at GBC:(if applicable) eg. 1995-1999: Camper.....Staff.....

Current Mailing Address:

(street).....

(city).....(province/state).....

(country).....(postal/zip code).....

Phone.....email.....

Relative(s) currently attending GBC:

name.....age.....relationship.....

name.....age.....relationship.....

PLEASE INDICATE WHICH OF THE FOLLOWING EVENTS YOU WILL ATTEND AND COMPLETE THE REGISTRATION INFORMATION ON THE REVERSE SIDE OF THIS PAGE:

14th Annual ALUMNI CANOE TRIP - August 2-7, 2009

Please charge my credit card \$395 (taxes included), as indicated below

I have enclosed a cheque for \$395 (taxes included) payable to "Glen Bernard Camp Inc."

(Cheques may be post dated for July 1)

FAMILY WEEKEND - September 11-13, 2009

\$210 per adult, \$118 per child age 12 years and under. (taxes included) Children 2 years and under are free.

A total of adults and children will be in our party.

(Please list the full names of all participants in your party, including ages of all children)

Please charge my credit card \$.....as indicated below

I have enclosed a cheque for \$.....Please make cheque payable to "Glen Bernard Camp Inc."

(Cheques may be post dated for Aug. 1)

WOMEN'S WEEKEND - September 18 - 20, 2009

Please charge my credit card \$210 (taxes included), as indicated below

I have enclosed a cheque for \$210 (taxes included) payable to "Glen Bernard Camp Inc."

(Cheques may be post dated for Aug. 1)

CREDIT CARD PAYMENT INFORMATION FOR GBC EVENTS

VISA } Card Number.....Expiry.....

MASTERCARD } Name on Card.....

TOTAL:.\$.....

Signature:.....

GBC EVENTS REGISTRATION INFORMATION

ALUMNI CANOE TRIP -- August 2-7, 2009

Ontario Health Card #: _____ Birth date (M/D/Y): _____

Allergies (food/ drug/ environmental): _____

Medical Issues (include specific conditions and/or medication): _____

Emergency Contact during time of the trip: Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

In consideration of Glen Bernard Camp accepting this application, I agree to indemnify and save harmless Glen Bernard Camp Inc., its directors, officers, servants, agents and employees, administrators, successors or assigns for all claims, damages, actions or demands which might be made against Glen Bernard Camp Inc. resulting from the attendance or participation by me in the Glen Bernard Camp alumni canoe trip. I acknowledge the elements of risk in canoe tripping and enter into this waiver and indemnification with the full knowledge and understanding of its meaning.

Signature: _____ Date: _____

FAMILY WEEKEND – September 11 - 13, 2009

Please list special dietary requirements for your family:

Name	Requirements
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_____	_____
_____	_____
_____	_____

Please list important medical information for your family:

Name	Requirements
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_____	_____
_____	_____
_____	_____

Please ensure that each person brings his/her Ontario Health Card.

Cabinmate Requests:

I agree to follow the policies and procedures defined by Glen Bernard Camp. I understand that I am responsible for my actions if I consume any alcohol on site. I grant Glen Bernard Camp Inc. permission to use any photos taken of me and any children for whom I am responsible in their promotional materials. I acknowledge that participation in camp activities involves risks and hazards incidental thereto. I agree to release and indemnify Glen Bernard Camp Inc. and its officers, directors, employees and agents of all liability arising therefrom, except such as shall arise solely as a consequence of its or their willful negligence or willful default.

Signature: _____ Date: _____

WOMEN'S WEEKEND – September 18 - 20, 2009

Special Dietary Information (eg. food allergies, vegetarian): _____

Medical Issues (include specific conditions and/or medication): _____

Cabinmate Requests:

I would like to book a one-hour massage with an RMT (\$75 payable on site)

I agree to follow the policies and procedures defined by Glen Bernard Camp, including responsible drinking. I understand that I am responsible for my actions if I consume any alcohol on site. I grant Glen Bernard Camp Inc. permission to use any photos taken of me in their promotional materials. I acknowledge that participation in camp activities involves risks and hazards incidental thereto. I agree to release and indemnify Glen Bernard Camp Inc. and its officers, directors, employees and agents of all liability arising therefrom, except such as shall arise solely as a consequence of its or their willful negligence or willful default.

Signature: _____ Date: _____