

CAMP Brookwood
 ANGLICAN CHURCH CAMP
 BRISTOL, NEW BRUNSWICK

registration
 F O R M

*Building Disciples...
 while having fun!*

Camper's Last Name: _____ Date of Application: _____

Christian Names: _____ Date of Birth: _____

Mailing Address: _____

_____ Home Phone: _____

Camper's E-mail*: _____ Emergency Phone: _____

(* If you desire to be informed of this and other Anglican Youth programs)

Does the Camper Swim? No Yes Level _____

Circle Camp Number of Desired Week:

Only \$180.00
*Includes a T-shirt, photo, tuck,
 all meals and accommodations.
 (Includes Deposit)*

WEEK ONE: June 28 – July 3

CIT TRAINING WEEK 14–17 year olds

CITs turning 16 by July 2009 or completed Grade 10 will be placed in one or two of the following weeks of Camp if they receive the Certificate at the end of this week.

ARRIVAL: All campers register on Sundays from 6–7 pm (after supper).

DEPARTURE: All camps are finished by 7 pm on Fridays. Campers need to be picked up between 6 and 7.

PLEASE NOTE: A non-refundable \$30 deposit must accompany the completed registration form.

WEEK TWO **July 5 – July 10**
 FRESHMAN CAMP 8–11 year olds

WEEK THREE **July 12 – July 17**
 SOPHOMORE CAMP 12–14 year olds

WEEK FOUR **July 19 – July 24**
 ROOKIE CAMP 7–9 year olds

WEEK FIVE **July 26 – July 31**
 SENIOR CAMP 12–14 year olds

WEEK SIX **Aug. 2 – Aug. 7**
 FRESHMAN CAMP 8–11 year olds

WEEK SEVEN **Aug. 9 – Aug. 14**
 SOPHOMORE CAMP 12–14 year olds

Church or Parish: _____

Choice of 1 Cabin Mate: _____

Name of Sponsor (if applicable): _____

Address of Sponsor: _____

_____ Sponsor's Phone: _____

I, the undersigned legal parent or guardian, have read this brochure, and accept the terms of the camp as stated there, and on the registration form.

Signature of Parent or Guardian _____

Date: _____

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medical information
 R E L E A S E F O R M

Please enclose the **\$30 Deposit Fee, completed registration and medication information and release forms** and mail to:

Before June 25th, 2009: The Registrar, Sharon Lutwick, 4000 Route 555, Northampton, NB E7N 1C9
After June 25th, 2009: Camp Brookwood, P.O. Box 557, Florenceville-Bristol, NB E7L 1Y86

Camper's Name: _____ Male Female

Medicare Number: _____ Expiry Date: _____

Family Doctor: _____ Phone: _____

Last Booster Shot: _____

Please note and describe any condition the camper may have, either physical or mental (*i.e. diabetes, bedwetting, asthma, homesickness, short temper, heart disease, sleepwalking, etc.*)

Any allergies? No Yes Any food allergies or sensitivities? No Yes

Any additional information about the camper for the staff? _____

Any medication the child is bringing: _____

Signature of Parent/Guardian: _____ Date: _____

I, the undersigned legal guardian or parent, do give consent for this child's image (*without their name*) to appear in promotional materials associated with Camp Brookwood.

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY			
Date	Description	Amount	Balance
	All Inclusive Fee		
	Paid with Application (Minimum \$30.00)		
	Payment		
	Payment		
	Balance Owing		
	EXPRESS CHECK-IN with zero balance owing.		