

ONONDAGA CAMP

REGISTRATION FORM

TORONTO ADDRESS

544 Eglinton Avenue East, Suite 100
Toronto, Ontario, Canada M4P 1N9
(416) 482-0782 FAX (416) 482-6237

WWW.ONONDAGACAMP.COM

CAMP@ONONDAGACAMP.COM



SUMMER ADDRESS

1120 Rackety Trail, RR3
Minden, Ontario, Canada K0M2K0
TEL (705) 286-1030 FAX (705) 286-6098

Camper

Name (first & last): _____
Date of Birth: _____ Age: _____ Sex: _____
MM DD YYYY At time of camp
School: _____ Grade: _____
Camper's Health Card Number: _____
Expiry Date: _____ / _____ / _____
MM DD YYYY

Emergency Contact

Name (first & last): _____
Telephone (home) _____ (cell): _____
Relationship of Emergency Contact: _____

Parent 1

Name (first & last): _____
Street: _____
City: _____ Prov: _____ Postal /Zip Code: _____
Country: _____
Email Address: _____
Home Telephone: _____
Business: _____ Cell _____

2017 Camp Sessions

Four Week Sessions (\$5530)

A June 30 – July 26 B July 30 – August 25

Two Week Sessions – A1/B2 – \$3300 A2/B1 – \$3480

A1 June 30 – July 13 A2 July 13 – July 26

B1 July 30 – August 12 B2 August 12 – August 25

1 Week Session (\$1760)

C August 26 – September 1

Parent 2

Same information as Parent 1

Name (first & last): _____
Street: _____
City: _____ Prov: _____ Postal /Zip Code: _____
Country: _____
Email Address: _____
Home Telephone: _____
Business: _____ Cell _____

The above rates do not include applicable taxes (13% HST). Please make all cheques payable to: Onondaga Camp Inc.

I would like to pay the camp deposit and all fees by:

AMEX Visa MasterCard Wire Transfer

Deposit of \$500 due at time of registration. Final fees will be processed on April 1, 2017.

Credit Card Number: _____

Expiry Date: _____ / _____ CVV (3 digit code on back of card): _____
MM YY

Name on Card: _____

Guardian with Custody

Both Parent 1 Parent 2 Other _____

Camper Information should be mailed to:

Both Parent 1 Parent 2 Other _____

Please complete reverse and sign.

