



**2020 Registration Sheet
Family Camp**

Saturday, July 4, 2020 @ 9:00 am

*****MAIL THIS SHEET, PLUS YOUR \$35 REGISTRATION FEE (PER FAMILY) TO*****

**CANOE COVE CHRISTIAN CAMP Inc.,
P.O. Box 661, Charlottetown, PE C1A 7L3**

Or

Register on-line and pay by PAYPAL at:

www.canoe Cove christian camp.org

Family/ Last Name: _____ Parent/Guardian Name(s): _____

Mailing Address: _____

E-Mail Address: _____ Home Phone #: _____

Work #: _____ Total Number of People in your Group: _____

Other (i.e. cell #): _____

Children - Name (Age): e.g. 'Sally (5)': _____

In case of emergency and we need to contact someone else,

Contact Person (#1): _____ Phone #: _____

Contact Person (#2): _____ Phone #: _____

Does the family attend church? ☐ Yes ☐ No If yes, Church name: _____

Location: _____ Phone #: _____

Minister / Official: _____

RELEASE FORM

I hereby approve and confirm my own participation, and release Canoe Cove Christian Camp Inc., its Directors, the management, staff, agents, employees, or any persons associated with Canoe Cove Christian Camp Inc., from any claim or action for any injury or injuries that may be received while attending Canoe Cove Christian Camp, and/or any normal camp activities associated with Canoe Cove Christian Camp including those off of the property of Canoe Cove Christian Camp.

By signing, I also agree to permit the reasonable use of photos and videos or other pictures of applicant camper in promoting the camp or camp activities or programs.

Date Name of Parent/Guardian (Print) Signature

Due date for forms is Sunday, June 21, 2020. We must have 10 or more participants in order to provide for this camp, or we will have to cancel the program, so please send in your applications early.

Thank you, from Canoe Cove Christian Camp

OFFICE USE ONLY: • Cash • Chq • Money Order • PayPal Ref. #: _____ Sponsor: _____