

# Berwick Camp

United Church Camp Meeting Association

## Registration Form 2009



Please mail Registration to  
Margaret Gunn-Robertson,  
262 Parr St., St. Andrews, N.B. E5B 1M4

For information, please email  
[cay1sea@nb.sympatico.ca](mailto:cay1sea@nb.sympatico.ca)  
or call (weekends only) 506 529-3076

Please send both your completed registration form and the registration fee to the Registrar by May 24<sup>th</sup>. Requested space cannot be guaranteed after this date.  
\*\*\*FULL FEES MUST BE PAID by July 10<sup>th</sup>\*\*\*

Camp Dates: Friday 24 July to Sunday 2 August 2009

Camp starts at suppertime of the Friday and ends at noon on the last Sunday.  
Campers who are at camp before the opening date must pay the daily rate.  
If you require more than one site, please use a second form – one form per site.

**Please Print:**

Contact Person(s) \_\_\_\_\_

Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone, Home \_\_\_\_\_ Telephone, Work \_\_\_\_\_ License Plate \_\_\_\_\_

Does anyone have any disabilities that we should be aware of? \_\_\_\_\_

Please list below, the names of ALL people to be attending Camp (including you!). *Use back of sheet if more room is needed.*  
Use Grade space to indicate this autumn's grade of any children: Preschool, or Primary through Grade 12, or if the person is an Adult or Adult Student.

First Name	Last Name	Grade	First Name	Last Name	Grade

Fri. Sat. Sun. Mon. Tues. Wed. Thurs. Fri. Sat. Sun.  
July 24 July 25 July 26 July 27 July 28 July 29 July 30 July 31 Aug.1 Aug. 2

Arrival Day and Date: \_\_\_\_\_ Departure Day and Date: \_\_\_\_\_

Accommodation Requested: \_\_\_\_\_ Second Choice: \_\_\_\_\_

**Please check the brochure for prices of registration and accommodation.**

**Make cheque payment:  
United Church Camp Meeting Association  
Post dated cheques are accepted.**

Registration Fee **must be enclosed** \_\_\_\_\_  
Accommodation Fee *due July 10<sup>th</sup>* \_\_\_\_\_  
Please prepay for fridge (\$25) *due by July 10<sup>th</sup>* \_\_\_\_\_  
\_\_\_\_\_ Donation \_\_\_\_\_  
AMOUNT OF PAYMENT ENCLOSED Total \_\_\_\_\_

Payment is by  cheque  Visa  MasterCard  
Credit Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I \_\_\_\_\_ authorize the balance of camp fees (total due minus amount paid with registration) to be charged to the above credit card two weeks prior to camp, July 10<sup>th</sup>.