

CAMP Brookwood
CHRISTIAN CAMP
BRISTOL, NEW BRUNSWICK

*Building Disciples...
while having fun!*

registration
F O R M

E-mail: dphillips@aernet.ca
Web: www.campbrookwood.ca

Camper's Last Name: _____ Male Female

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:

Week 1 **July 5-7**
Ages 5-7

Week 2 **July 9-14**
Private Camp

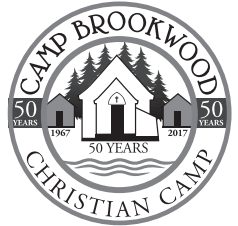
Week 3 **16-21**
Ages 8-10

Week 4 **July 23-28**
Ages 11-13

Week 5 **July 30 - Aug. 4**
Ages 12-14

Week 6 **August 6-11**
Ages 9-11

Week 7 **August 13-18**
Private Camp



ANNIVERSARY SPECIAL

Register & Pay in Full
by May 31
and SAVE \$100!

Only \$200.00

*Includes a T-shirt, photo,
all meals and accommodations.
(Includes \$35.00 Deposit)*

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

DEPARTURE: All camps are finished by 6 pm on Fridays. Campers need to be picked up between 5 and 6.

PLEASE NOTE: A non-refundable \$35 deposit must accompany the completed registration form.

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. 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.

Parent or Guardian (Please print) _____ Date: _____

Signature of Parent/Guardian: _____

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

Please enclose the **\$35 Deposit Fee, completed registration and medication information and release forms** and mail to:

Before June 9th, 2017: The Registrar, Sheila Kelly, 335 Main St., Aroostook, NB E7H 2Z4
After June 9th, 2017: Camp Brookwood, P.O. Box 557, Florenceville-Bristol, NB E7L 1Y8

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: _____

The signature of the parent/guardian on this application shall give the Camp Director the right to obtain medical services necessary for the campers welfare and good health, in an emergency situation. In such a situation the camp will notify the parent/guardian as soon as possible. The parents/guardians are responsible for any additional expenses that may result from such medical services. I give authorization to the Camp Director to administer acetaminophen and/or Ibuprofen if required.

Signature of Parent/Guardian: _____ Date: _____

FOR OFFICE USE ONLY			
Date	Description	Amount	Balance
	All Inclusive Fee		\$200.00
	Paid with Application (Minimum \$35.00)		
	Payment		
	Payment		
	Balance Owning		