



Family Information

Last Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____ Phone: (_____) _____
 Email: _____

Adults:

Adult 1:
 Name: _____ Male Female
 Allergies/ Special Diet?: _____

Adult 2:
 Name: _____ Male Female
 Allergies/ Special Diet?: _____

Children:

Name: _____ Male Female
 Birth Date: *mm/dd/yy* _____
 Grade: _____
 Allergies/ Special Diet?: _____

Name: _____ Male Female
 Birth Date: *mm/dd/yy* _____
 Grade: _____
 Allergies/ Special Diet?: _____

Name: _____ Male Female
 Birth Date: *mm/dd/yy* _____
 Grade: _____
 Allergies/ Special Diet?: _____

Name: _____ Male Female
 Birth Date: *mm/dd/yy* _____
 Grade: _____
 Allergies/ Special Diet?: _____

Name: _____ Male Female
 Birth Date: *mm/dd/yy* _____
 Grade: _____
 Allergies/ Special Diet?: _____

Name: _____ Male Female
 Birth Date: *mm/dd/yy* _____
 Grade: _____
 Allergies/ Special Diet?: _____

- Please do not give out my family contact information.
- I give permission to IAWAH to print my family's name, address, phone and email in a Summer Splash address list.

Accommodation

Please choose your preferred accommodation:

- Cabins:** Families may choose to stay in one of our private rustic cabins. Each cabin includes up to four bunk beds. Washrooms are centrally located with flush toilets, hot and cold running water, and showers.

Specific Cabin? _____

- Lodges:** Lodge accommodation is also available, with double and bunk beds, and an ensuite washroom.

Complex or Bush Lodge. Specific Room? _____



2012 REGISTRATION FORM SUMMER SPLASH

Please complete one form per family.
Register online @ www.iawah.com

Fees:

- Fees are charged per person up to a family maximum
- Children age 6 and under -- free (age calculated as of Registration Day)
- Discount \$25/camper paying full fee (max. \$100) if you pay the complete registration fee on or before February 29, 2012
- Fees are subject to 13% HST

Summer Splash | families | Jul 29 - Aug 4
Ages 7 & up \$545/person, max. \$2295/family

\$ _____ Camp fees
 \$ _____ Discounts
 \$ _____ **Fee Subtotal**
 \$ _____ Taxes (13% HST)
 \$ _____ **Total Payment**

Payment Plan & Method

Payment Plan:

- Plan 1: Full payment enclosed.
- Plan 2: Deposit enclosed. I will pay the balance on February 29.
- Plan 3: Deposit of \$200 enclosed. I will pay the balance on May 31.
- Plan 4: Deposit of \$200 enclosed. I will pay the balance in four monthly payments beginning March 31.

Custom payment plans can be arranged when needed. Please contact the office.

Payment Method:

- Cheque(s) enclosed
- I would like to use my Visa Mastercard

Card Number: _____ Expiry: _____

Signature: _____

Your deposit is non-refundable. Fees are refundable only if cancellation is received on or before June 1, 2012 or if accompanied by a physician's medical certificate. Extenuating circumstances will be evaluated on an individual basis. No refund will be made for late arrivals, or early departures. I give permission for the likeness of my family (in part or in whole) to be used in promotional material for Camp IAWAH (names will not be attached to the pictures).

Signature: _____