

GIDDYUP! Summer Camp 2010

Application Form

Camper Information:

Camper's Name: _____
Campers Age: _____ Birth Date: _____
Parents' Names: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Bus. Phone (Mom): _____
Bus. Phone (Dad): _____
Email: _____

Emergency Contact:

Name: _____ Relation to Camper: _____
Home Phone: _____ Bus. Phone: _____
Child's Doctor: _____
Health Card #: _____

If your child has a disability please give a brief description:

Please list and describe any medical problems, allergies or medications that must be administered at camp:

Session Requested:

Fees: \$500.00 per week

August 16-20 _____
August 23 - 27 _____
August 30 – Sept 3 _____

Mail completed application to: Laura Hunter, 4852 Vandorf Sideroad, Stouffville, Ont., L4A 7X5

I have enclosed the **\$200.00 deposit** and a cheque for **\$300.00, dated June 1, 2010** for the balance of the fees. Applications will not be accepted unless accompanied by both cheques. Please make cheques payable to Laura Hunters STEPS Programs.

Refunds will not be issued after June 1, 2010 for any reason.

Please mail cheques to: Laura Hunter, 4852 Vandorf Sideroad, Stouffville, Ont., L4A 7X5

I have read the registration information, payment procedures and refund policy and agree to abide by the conditions outlined.

I agree to give the GIDDYUP! Day Camp staff permission to act on my behalf in case of an emergency
I give permission for my child to be photographed/videotaped during the GIDDYUP! Day Camp.

Parent's (or Guardian's) Signature: _____ Date: _____