



Trinity United

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TRINITY FUN Friday or MARCH BREAK Camp 2019

(Ages 6-12)

Date: Fri Feb 1 Fri Apr 5 March Break (Mar 11-15)

Child's Name: _____

Parent/Guardian Name: _____

Address: _____

Postal Code _____

Home: _____ Cell: _____

Home Email: _____

Child's Present Age: _____ Present School Grade: _____

Other Siblings attending this week of Camp _____

In case of emergency (when parent/guardian cannot be reached)
please contact:

Name: _____

Telephone: _____

Relationship to Child: _____

Please list any allergies the staff should be aware of:

Person responsible for picking up the child at the end of each day:

Name: _____

Telephone: _____

Signature of Parent/Guardian: _____

Please be sure to complete the Photo Release Form on the back of this registration.



Registration Fee

Camp fee is \$25/child per day camp, \$20/child per day for 2nd or more child in family being registered. Subsidies available. Please forward camp fee with submission of Registration Form in cash or cheque to Trinity United Church.

TRINITY FUN CAMP Photo Release Form

I give my child _____
permission to have a photograph taken at camp for use in Trinity United Church
publications.

Parent/Guardian Signature _____

Date _____

For Internal Use:

Registration fee received: _____

Date of receipt: _____

Notes: _____