



Trinity United

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TRINITY Summer Fun Camp August 12 - 16, 2019, 8 am – 5 pm (Ages 6-12)

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 \$125/child per camp; \$100/child for each additional child in the family if more than 1 child in family being registered. Subsidies available. Please forward camp fee with Registration Form in cash or cheque payable to Trinity United Church. Cancellation without penalty within 1 week of camp. After this date, fees are non-refundable. Fees must be paid prior to start of camp.

TRINITY SUMMER 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: _____