Camp Costs
Lead Week $250
Jr High $250
4 – 6 Camp $200

CSM 2022: Registration Form

Full Name _____

Age ____ Grade _____ Camp _____

(Lead Week 9 – 12) (Jr High 7 – 8) (4 – 6 Camp)

Home Address

P.O. Box or Street Address _____

Town/City _____

Postal Code _____

Home Phone (____) _____ - _____

Mobile (____) _____ - _____

Emergency Contact 1

Full Name _____

Home Phone (____) _____ - _____

Mobile (____) _____ - _____

Emergency Contact 2

Full Name _____

Home Phone (____) _____ - _____

Mobile (____) _____ - _____

Health

Any Allergies? If so, what?

_____

_____

_____

Any other health conditions we should be aware of?

_____

_____

_____

_____

_____

Health Card Number _____

Consent

I consent on behalf of the registered individual named above to give the Archdiocese of Grouard – McLennan, its representatives, and employees the right to take photographs or video footage of the registered individual and their property in connection with any Camp St. Martin sponsored activity. I understand the stated above may be used for promotional use and publication the same in print and/or electronically. *Please print your full name to agree.*

_____

Camp St. Martin has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. *Please print your full name to agree.*

_____

Is There Anything Else We Should Know?

_____

_____

_____

Is there anyone who should not be picking up your child from Camp?

_____

_____

Payment

Made by: Cash, Cheque, or Credit

Please make cheques payable, with a CSM Memo to:

Archdiocese of Grouard-McLennan

Credit Card Information

Name: _____

Address: _____

Card #: _____

Expiration: Month _____ Year_____

Drop Off & Mailing Address

Chancery Office
10301 102 St,
Grande Prairie, AB
T8V 2W2

Fax: (780) 532-9706

Email: info.campstmartin@gmail.com
Details at campstmartin.ca