

Pioneer Pacific Family Camp August 1 - 7, 2010.

Application Form – 2010



Camper Fees: Ages 7 and up:	<i>Camp</i>	<i>GST</i>	<i>Total</i>
Ages 4 - 6:	\$395	+ \$19.75 (GST)	= \$414.75
Ages 3 and under:	\$250	+ \$12.50 (GST)	= \$262.50
			No Charge

Please list all the camper's details here:

Camper's last name	First name	M / F	Relationship to self. i.e. wife, son, etc.	Children's ages	Children's grades (09-10)	Camp Fee	GST	Total Fee
Sub Totals:								
<input type="checkbox"/> If you are bringing your own tent/trailer, please deduct \$200.00 Please note: Limited space is available for families bringing their own tents or trailers.								
TOTAL DUE:								

Address: _____

City _____ Province _____ Postal Code _____
 Phone: () _____ () _____ e-mail _____
 Home Work

Are you first time campers at Pioneer Pacific? or Returning campers?
 How did you hear about Pioneer? Family Church Newspaper Internet Another Camper Family
 Do you attend Church? If yes, which one _____
 Any special diets, allergies or physical needs we should know about? _____

Please note: As a Nut Aware environment, Pioneer Pacific **does not** use peanut products in meal preparation or the tuck shop.

All applications require a 50% deposit plus the balance payable by credit card or post-dated cheque dated one month prior to camp. Please read the waiver (on the back of this form) for information regarding cancellation policy. If the camp is unable to accept your application or there is no space available, we will advise you and return your payment as soon as possible.

PAYMENT: Please make cheques payable to *Pioneer Pacific Camp*.

- Payment in full enclosed: Cheque Credit Card
- Deposit enclosed: Cheque Credit Card
- Post Dated Payment enclosed: Cheque Credit Card

Please use my Visa MasterCard
 Card number _____ - _____ - _____ Name as on credit card _____
 Expiry Date ____/____ 3 digit security code _____ Signature _____

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WAIVERS AND CONDITIONS OF ENROLMENT

Name of Family: _____

In consideration for participating in the Pioneer Pacific Family Camp we, the undersigned, assume responsibility for our actions while at any IVCF activity, or engaged in an activity under the supervision of IVCF, its staff or agents. Furthermore I release IVCF, its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to ourselves or our property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of ourselves and our property.

I understand IVCF, its staff or agents reserve the right to dismiss a participant who, in their opinion, are a hazard to the safety and well being of others, or who appears to have rejected the reasonable guidelines of the activities. I have read the application form and brochure and accept the conditions of enrolment. I agree to permit reasonable use of photos and videos or other pictures of applicant campers in promoting the camp or camp activities and programs.

Participant(s) signature(s): _____

Date: _____

This is to be filled out for any child under 18 years old.

I, the parent or guardian of _____
(Name of each child please)

give my voluntary consent to his/her participation in the IVCF/PIONEER PACIFIC FAMILY CAMP activities. Furthermore I authorize IVCF, its staff or agents to approve and obtain any and all medical attention deemed necessary for the welfare and good health of the above named when ordered by professional medical staff; with the understanding that all reasonable attempts have been made to consult with myself beforehand except in the case of minor illness and/or first aid where deemed appropriate.

I release IVCF its trustees, directors, corporation members, staff and agents from any loss, personal injury, accident, misfortune or damage to the above named or his/her property, with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above named. I understand the IVCF/Pioneer Camps; its staff or agents reserve the right to dismiss a participant who is in their opinion is a hazard to the safety and well being of others, or who appears to have rejected the reasonable guidelines of the activity.

Signature of Parent/Guardian: _____ Date: _____

REFUND POLICY: In the event of cancellation, refunds will be made according to the following schedule:

Up until 2 weeks before camp start date* Refund, less \$100.00 administration fee.
Less than 2 weeks before camp start date* No refund.

*With a physician's note
a full refund is provided

**Please return this form to:
Pioneer Pacific Camp
Box 5 – 10, Thetis Island, BC, V0R 2Y0
OR Fax it to: (250) 246-1202**

Winter Phone: 250-382-9613 Summer Phone: 250-246-9613 Toll Free: 1-800-784-1415