CANYON CHURCH CAMP Waterton Lakes National Park

Summer 2017

"To nurture Christian faith through fun and fellowship in God's outdoors"

WOMENS CAMP - AUGUST 11 - 13, 2017 COST: \$110.00 PER PERSON

PLEASE NOTE PARTICIPANTS MUST BE 18 YEARS OF AGE OR OLDER

<u>Please ensure that all campers' belongings are marked with their names.</u> <u>Canyon Church Camp is not responsible for any items left or lost at camp.</u>

CCC accepts paypal, credit cards, cash, money orders or cheques for payment of registrations. Please email or mail your registration & payment to: Registrar, 210A – 12A Street North, #418 Lethbridge, Alberta T1H 2J1

ITEMS TO BRING FOR WOMENS CAMP:

Sturdy runners	Shirts, Pants &/or Shorts	Money if you go into	Flashlight
		town	
One pair of water shoes –	Lawn chair, book &/or craft,	Warm Sleeping Bag &	Backpack for hiking with a
NO CROCS	games to share or for just	Warm Blanket & Pillow	water bottle
	you - This is your time ☺		
A warm coat	Underwear & socks	Pajamas	Water bottle
Heavy sweater/Hoodie	Swim suit	Toothpaste/brush	Insect Repellent
Hat	Towels & toiletries	Camera if desired	Sunscreen

CANYON CHURCH CAMP IS ACCREDITED BY THE ALBERTA CAMPING ASSOCIATION AND THE UNITED CHURCH OF CANADA. WE ARE AN ALCOHOL, TOBACCO AND DRUG FREE FACILITY.



CANYON CHURCH CAMP

For information regarding Canyon Church Camp please mail/email: Registrar Mailing Address: 210A – 12A Street North, #418 Lethbridge, Alberta T1H 2J1 E-mail: campcanyonregistrar@gmail.com <u>Website: www.canyonchurchcamp.com</u>



CAMPERS WILL ARRIVE NO EARLIER THAN 6:00 PM ON THE FIRST DAY OF CAMP AND LEAVE NO LATER THAN 2:00 PM ON THE LAST DAY.

CANYON CHURCH CAMP REGISTRATION FORM

EMAIL ADDRESS (J	PLEASE PRIN	T CLEARLY):				
CAMPER INFORM	ATION:					
NAME:		AHC#				
ADDRESS:						
CITY		PROVINCE		POSTAL CODE		
Phone (C)	(H)	(W)			
ARE THERE ANY DIE	TARY RESTRI	CTIONS OUR CA	MP COOK NEED	S TO BE AWARE OF: YES NO		
IF YES, PLEASE LIST:						
DO YOU HAVE A FRI NAME & WE WILL DO (BIN WITH ? IF YES, PLEASE GIVE US THE		
FRIEND NAME:						
IN CASE OF EMER	GENCY:					
Name		Relationship	to Camper:			
Phone (C)	(H)	(W)			
activities, except as note event I am unable to pro agree to pay any charges	d above and I ag vide consent in a not covered by m ssociation and its	ree that I am subje Medical Emergenc y medical plan, i.e.	ect to the rules and y, I hereby give per medications, ambu	m capable to engage in all prescribed camp regulations of Canyon Church Camp. In the mission that medical treatment be obtained. I lance etc. I hereby waive all claims against the injury that may occur in connection with the		
I consent that images ma	y be used for cam	p promotion purpo	ses unless written o	bjection is provided to the Registrar.		
Date		Print Nam	e			
Signature						
*****	{*************	*****	***************	*********		
OFFICE USE ONLY	:					
Date Registration R	leceived:		Date Confirm	nation Sent:		
Type of Payment: (I	paypal)	(credit card) _	(cash)	(cheque) #		
(money order) #						
Amount of Paymen	t: \$	Registrar Initials:				
****	****	****	****	*****		