

# TULAHEAD SUMMER STAFF REUNION May 28-30,2010

## REGISTRATION FORM

Mail registration to: Box 1272, Princeton, BC, V0X 1W0 or Fax to: 250-295-6233

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ PC: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

### Lodging requested:

Cabin – single (For those coming on their own and willing to bunk in with others)

Roommates requested: \_\_\_\_\_

Cabin – family (For families of 4 or less)

Longhouse – family (For families of 5+ depending on your children's ages)

Tent on site

RV on site

Staying in Princeton

### Medical Information:

Medical Number(s): \_\_\_\_\_

Allergies: \_\_\_\_\_

#### Payment (Cheque or Credit Card)

\$ \_\_\_\_\_ (total fee)

\$ \_\_\_\_\_ (3% of total if using a credit card)

\$ \_\_\_\_\_ Total Enclosed

Cheque  Visa  Mastercard

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

#### Fee Breakdown

Adult and youth 15 + staying on site: \$50

Adult and youth 15+ staying off site: \$30

Children 8-14 staying on/off site: \$25

Children 0-7: Free

### Please Read Carefully, Sign and Date

#### Conditions of Registration:

1. No refunds are available after April 30, 2010. 2. We agree to permit use of photos and videos or other pictures of the above named guests in promoting camp programs. 3. The information provided on this form will be used for follow up and information purposes with guests. It will not be given to third parties and I can call at anytime to be removed from the mailing list or rescind permission to use my information.

#### Medical Declaration:

I hereby release the Camp Tulahead Society, its board members, staff and sponsors, from responsibility and liability for any injury or illness that may sustain during activities. I understand that the camp is to be considered an outpost first-aid station and as such it may not be equipped to deal with certain medical problems. I understand that I am financially responsible for any emergency medical and/or dental care given.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

#### Office Use Only:

Confirmed on: \_\_\_\_\_ By: email phone With: \_\_\_\_\_ Housing: \_\_\_\_\_

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