

FAMILY INFORMATION

Family Name		Contact Person		
Home Phone		Cell	email	
Street Address		City	Province	Postal Code
Name	Gender	Diabetes and Type (Yes / No and Type 1/2)	Date of Birth (yyyy/mm/dd)	<i>OID Office use only</i>
Parent/Guardian:				
Parent/Guardian:				
Child:				
Child:				
Child:				
Child:				

CAMP SESSIONS INFORMATION (Please check box)

Session	Dates	Per Adult (18yrs +)	Per Child (3-18yrs)
<input type="checkbox"/> Family Camp 1	August 28 th – August 31 st , 2011	\$280	\$150
<input type="checkbox"/> Family Camp 2	August 31 st - September 3 rd , 2011	\$280	\$150

CALCULATE YOUR TOTAL CAMP FEE (Taxes are included)

_____	x	\$ 280.00	=	\$ _____
# of Adults		Camp Fee		
_____	x	\$ 150.00	=	\$ _____
# of Children		Camp Fee		
Campership Fund Donation (optional)			=	\$ _____
TOTAL CAMP FEE			=	\$ _____

Please consider supporting other campers in need by donating to the Canadian Diabetes Association. Your contribution will assist others whose financial circumstances would otherwise prevent them from attending summer camp. Thank you for your support.

PAYMENT INFORMATION

Incomplete registrations or registrations without payments will not be processed. Taxes are included in the fees. All payments must be received by August 1st, 2011.

Camper Subsidy

Camper subsidies may be available from the Association for families that qualify for financial assistance. To apply for financial assistance, simply check the box below to receive a Campership Application form. In order to process your registration, a \$100 deposit must accompany this form. Please contact the Regional Director to discuss this issue confidentially if required. 1-800-665-6526 ext. 237

Cancellations

Camp deposits are non-refundable once registration is confirmed. Notification of cancellation is required in writing. To qualify for a full refund (less deposit) the Canadian Diabetes Association must receive written notice six weeks prior to camp start date. Cancellations made later are non-refundable unless we are able to fill your families' space.

CAMPERSHIP FUND REQUEST

I will require a subsidy application form. I will be paying \$100.00 as a deposit to hold my spot. Please complete one of the payment options below outlining how your deposit will be paid. Be sure to send a completed Campership Application form and supporting documents with this application.

FULL PAYMENT (One Time Payment)

Enclosed is my cheque or money order made payable to the **Canadian Diabetes Association** Amount: \$ _____

OR

VISA MasterCard Amex Card #: _____ Exp: ____/____
Amount: \$ _____

Name on Card: _____ Signature: _____ Date: _____

PAYMENT PLAN (Multiple Payments)

Payments can be spread out over the course of several months to ease the financial burden of the camp costs. If you choose to use the payment plan option, please date all cheques for the 1st of the month. All payments are due by August 1st 2011.

Enclosed are my post dated cheques made payable to the **Canadian Diabetes Association**

OR

VISA MasterCard Amex Card #: _____ Exp: ____/____

Name on Card: _____ Signature: _____ Date: _____

May 1st, 2011 Amount \$ _____ June 1st, 2011 Amount \$ _____

July 1st, 2011 Amount \$ _____ August 1st, 2011 Amount \$ _____

Return Completed Form to: Canadian Diabetes Association
360 – 1385 West 8th Avenue, Vancouver BC, V6H 3V9

Parent Handbooks and Medical Forms will be mailed once registration and payment has been processed.

Office Use: OID: _____ Paid in Full
Trans ID # _____ Date: _____
Trans ID # _____ Date: _____
Trans ID # _____ Date: _____
Trans ID # _____ Date: _____