



**REGISTRATION – ENGLISH CAMP 2023**

Name:

Age:

Address: (No. et street)

Town:

Postal Code

Date of birth:

Gender:

#Health

email parent

Allergies

Medications:      Yes      NNo

Details:

*If you wish to receive a tax receipt, please indicate below the payer's social insurance number :*

Name :

Address :

Town :

Postal Code:

# SIN :

***I certify that my child does not suffer from any contagious disease or disability that would prevent him/her from participating in the activities, and I authorize my child to be in the pictures of Camp Joli-B.***

Parent of guardian signature:

Telephone :

Telephone work :

Emergency contact :

Telephone :

English Camp 9-14    August 6-12 2023

**9 yrs old \$290 10-12 yrs old \$300 and 13-14 yrs old 310\$**

I would like to share a cabin with (max. 2 pers.):

Additional information: