

PLEASE INDICATE METHOD OF PAYMENT

- CREDIT CARD** - PLEASE PROVIDE CREDIT CARD INFORMATION ON TEAR OFF STUB
- CHEQUE FOR TOTAL FEES ENCLOSED**
(PLEASE MAKE CHEQUE PAYABLE TO CAMP CHAMISALL)
- INSTALLMENT PAYMENTS** - \$50.00 DEPOSIT PLUS THREE EQUAL POST DATED CHEQUES FOR THE BALANCE WITH LAST PAYMENT NO LESS THAN TWO WEEKS PRIOR TO CHILD'S REQUESTED WEEK.
- REQUIRE CAMPSHIP FINANCIAL ASSISTANCE**
IMPORTANT: WHEN THE CAMPER REGISTRATION IS RECEIVED, A FINANCIAL ASSISTANCE APPLICATION WILL BE MAILED TO YOU. **THE CAMP OFFICE WILL HOLD YOUR CHILD'S SPOT FOR 30 DAYS ONLY PENDING RECEIPT AND APPROVAL OF THE COMPLETED APPLICATION.**
- DONATION ENCLOSED** - HELP SEND ANOTHER CHILD TO CAMP OR CONTRIBUTE TO "BUILDING THE FUTURE" OUR CAPITAL BUILDING AND IMPROVEMENT CAMPAIGN. TAX RECEIPTS ISSUED FOR ANY GIFT OVER \$10.00

PLEASE NOTE THAT ONCE AN APPLICATION IS RECEIVED, CANCELLATIONS MUST BE RECEIVED NO LESS THAN 14 DAYS PRIOR TO THE WEEK AND WILL BE SUBJECT TO A \$50.00 CANCELLATION FEE. NO REFUNDS FOR CANCELLATIONS MADE LESS THAN 14 DAYS PRIOR TO THE WEEK.

CAMP CHAMISALL

- PROHIBITS THE PRESENCE OF ALCOHOL AND ILLICIT DRUG PRODUCTS AT CAMP
- SMOKING IS NOT PERMITTED IN ELEMENTARY CAMPS; IN ALL OTHER CAMPS IT IS AT THE DISCRETION OF THE CAMP DIRECTOR, ONLY UNDER SUPERVISION AND REQUIRES PARENTAL CONSENT
- PROHIBITS ANY WEAPONS (GUNS, KNIVES, SLINGSHOTS, ETC.) AT CAMP

PLEASE READ AND SIGN!

I HEREBY AUTHORIZE THE DIRECTORS OF CAMP CHAMISALL TO ACT FOR ME ACCORDING TO THE BEST JUDGEMENT IN ANY EMERGENCY REQUIRING MEDICAL ATTENTION. I HEREBY WAIVE AND RELEASE CAMP CHAMISALL FROM ANY LIABILITY. I KNOW OF NO MENTAL OR PHYSICAL PROBLEMS THAT MIGHT AFFECT MY CHILD'S ABILITY TO SAFELY PARTICIPATE IN CAMP ACTIVITIES, OTHER THAN THOSE NOTED IN THE MEDICAL HISTORY. I WILL BE RESPONSIBLE FOR ANY MEDICAL OR OTHER CHARGES IN CONNECTION WITH HIS OR HER ATTENDANCE AND PARTICIPATION OF CAMP. I HAVE NO OBJECTION TO MY CHILD APPEARING IN PROMOTIONAL MEDIA WITHOUT COMPENSATION OR ANY OBLIGATION TO ME. MY SIGNATURE CONFIRMS THAT I HAVE READ, UNDERSTAND AND AGREE WITH THE CONDITIONS OF THIS REGISTRATION.

PARENT OR GUARDIAN SIGNATURE

TO BE USED FOR PAYMENT WITH CREDIT CARD ONLY

PAYMENT AMOUNT \$ _____ VISA MASTERCARD

CARD # _____

EXPIRY: _____ / _____
MONTH YEAR

SIGNATURE _____

PLEASE DO NOT TEAR OFF - FOR OFFICE USE ONLY



WHERE ARE WE?

CAMP CHAMISALL IS LOCATED 100 KMS NORTH WEST OF CALGARY IN THE WAIPAROUS VALLEY - ON THE SHORES OF THE WAIPAROUS RIVER. CHAMISALL'S LOCATION AT THE FOOT OF THE ROCKY MOUNTAINS PROVIDES AN EXCELLENT ESCAPE FROM THE CITY

MAIL CAMPER REGISTRATION TO:

CHAMISALL REGISTRAR
7004N, 5TH STREET SE
CALGARY, ALBERTA T2H 2G3

E-MAIL: REGISTRAR
REGISTRAR@CAMPCHAMISALL.COM

ALL OTHER INQUIRIES TO:
PH / Fx: 1-877-322-4592

EMAIL: CAMP MANAGER: MANAGER@CAMPCHAMISALL.COM
STAFFING: HR@CAMPCHAMISALL.COM
GROUP BOOKINGS: BOOKINGS@CAMPCHAMISALL.COM

WWW.CAMPCHAMISALL.COM



A Camping Ministry of the Christian & Missionary Alliance



CAMP CHAMISALL



2009 CAMPER APPLICATION

CAMP DATES 2009

ELEMENTARY CAMPS

WEEK#1	JUNE 28 – JULY 4	GRADES 3•4•5
WEEK#2	JULY 5 – 11	GRADES 3•4•5
WEEK#6	AUG. 2 – 8	GRADES 4•5•6

YOUTH CAMPS

WEEK#3	JULY 12 – 18	GRADES 6 7 8 9
WEEK#4	JULY 19 – 25	GRADES 6 7 8 9
WEEK#5	JULY 26 - AUG. 1	GRADES 6 7 8 9
WEEK#7	AUG. 9 – 15	GRADES 9 -12
WEEK#8	AUG. 16 – 22	GRADES 9 -12

GRADES INDICATE SCHOOL GRADE IN JUNE 2009, NOT GRADE ENTERING IN SEPTEMBER 2009.

FUN PACKED ELEMENTARY CAMP INCLUDES GREAT GAMES, TUBING DOWN THE RIVER, TRAMPOLINE TIME, ARCHERY, RIFLERY, CRAFTS, TUCK SHOP, AND EACH DAY ENDS GATHERED UNDER THE STARS AT THE CAMPFIRE CIRCLE.

YOUTH CAMPS ARE PACKED FULL OF ACTIVITY INCLUDING TIMES ON THE PLAYING FIELD, NEW CRAFTS AS WELL AS SOME OLD CLASSICS. COUNTLESS MEMORIES WILL BE MADE OVER A GAME OF BOX HOCKEY, ON A MOUNTAIN BIKE RIDE, HIKING, ROCK CLIMBING, OR SOAKING IN THE HOT TUB.

CONFIRMATION

CAMPERS WILL BE SENT AN ACCEPTANCE LETTER AFTER THEIR APPLICATION AND FEES ARE RECEIVED. THIS LETTER WILL PROVIDE FULL DETAILS ON WHAT TO BRING FOR YOUR WEEK OF CAMP. **IF YOU HAVE NOT RECEIVED CONFIRMATION OF REGISTRATION WITHIN 3 WEEKS OF SUBMITTING THIS APPLICATION, PLEASE CALL THE CAMP ADMINISTRATOR AT 403-629-3559.**

How Much

CAMP FEES ARE \$341.²⁵ TOTAL (\$325.⁰⁰ PLUS GST)

FEES INCLUDE TRANSPORTATION BY CHARTERED BUS TO AND FROM CAMP. INFORMATION AS TO PICK UP LOCATION, TIMES & DATES WILL BE PROVIDED IN THE ACCEPTANCE LETTER YOU RECEIVE FROM THE REGISTRAR.

PAYMENT OPTIONS

SEE PAYMENT METHODS ON THE REGISTRATION FORM. IF YOUR METHOD OF PAYMENT IS BY CREDIT CARD YOU MAY FAX YOUR COMPLETED REGISTRATION TO 1-877-322-4592.

PLEASE NOTE: ONCE AN APPLICATION IS RECEIVED, THERE IS A \$50.⁰⁰ CANCELLATION FEE. NO REFUNDS FOR CANCELLATIONS MADE LESS THAN 14 DAYS PRIOR TO THE WEEK

FINANCIAL ASSISTANCE

SHOULD YOUR FINANCIAL SITUATION LIMIT YOUR CHILD'S INVOLVEMENT IN OUR CAMPING PROGRAM, YOU CAN APPLY FOR ASSISTANCE FROM OUR CAMPSHIP FUND. INDICATE YOUR REQUEST BY CHECKING THE BOX PROVIDED ON THE REGISTRATION.

IMPORTANT: WHEN THE REGISTRATION IS RECEIVED A FINANCIAL ASSISTANCE FORM WILL BE MAILED TO YOU. THE CAMP OFFICE WILL HOLD YOUR CHILD'S PLACE FOR 30 DAYS PENDING THE RECEIPT AND APPROVAL OF THE FINANCIAL ASSISTANCE APPLICATION.

MISSION STATEMENT

CAMP CHAMISALL'S MISSION IS TO IMPACT LIVES AND CHALLENGE EACH INDIVIDUAL TO FOLLOW CHRIST. WE STRIVE TO PROVIDE THE OPPORTUNITY FOR PEOPLE TO EXPERIENCE AND DEVELOP A PERSONAL RELATIONSHIP WITH JESUS CHRIST USING THE BIBLE AS OUR FOUNDATION. IN AN UNIQUE, SAFE AND CARING ENVIRONMENT THROUGH DEPENDENCE ON CHRIST, WE WILL ENDEAVOUR TO CHALLENGE THE WHOLE PERSON TO DEVELOP THEIR FULL POTENTIAL.

Your Involvement in Camp

THERE ARE MANY WAYS THAT YOU CAN BE INVOLVED IN OUR CHAMISALL SUMMER CAMP PROGRAMS - ALL ARE VITALLY IMPORTANT:

CAMP VOLUNTEER

EACH WEEK OF CAMP IS STAFFED BY VOLUNTEERS. PLEASE CONSIDER GIVING OF YOUR TIME TO SPEND A WEEK IMPACTING THE LIVES OF OUR YOUNG PEOPLE. STAFF APPLICATIONS ARE AVAILABLE AT WWW.CAMPCHAMISALL.COM AND ALLIANCE CHURCHES.

FINANCIAL SUPPORT

CAMPER FEES GO DIRECTLY TO THE OPERATIONAL COSTS OF THE SUMMER CAMP PROGRAMS. TO KEEP CAMP FEES AS LOW AS POSSIBLE CAPITAL EXPENDITURE AND IMPROVEMENTS ARE DEPENDANT ON DONATIONS. VISIT OUR WEBSITE WWW.CAMPCHAMISALL.COM FOR MORE INFORMATION ABOUT OUR **BUILDING THE FUTURE** CAMPAIGN.

PRAYER WARRIORS

AN ABSOLUTE NECESSITY FOR CHAMISALL. WE WOULD LIKE YOU TO TAKE THIS MINISTRY TO HEART FIRST AND THEN TO THE LORD IN PRAYER. PRAY FOR THE CAMPER AND STAFF OF EACH WEEK FOR PROTECTION AND BLESSING.

Registration Form 2009

WEEK DESIRED _____ DATES OF WEEK _____

CAMPER HAS ATTENDED CAMP CHAMISALL BEFORE

FULL NAME OF CAMPER

MALE FEMALE

DATE OF BIRTH, DAY / MONTH / YEAR _____ SCHOOL GRADE (JUNE 2009)

ADDRESS _____

POSTAL CODE _____

HOME PHONE _____ CELL _____

BUSINESS PHONE (MOTHER) _____ BUSINESS PHONE (FATHER) _____

NAME OF PARENT(S) OR GUARDIAN(S) (PLEASE PRINT AND INCLUDE BOTH NAMES IF APPLICABLE)

PARENT'S EMAIL (PLEASE PRINT CLEARLY)

CHURCH AFFILIATION (IF ANY)

FAMILY DOCTOR

ALBERTA HEALTH CARE #

MEDICAL CONDITIONS REQUIRING ATTENTION

NAME OF ONE OTHER CAMPER YOU WOULD LIKE TO BE IN A CABIN WITH (OPTIONAL)

IN CASE OF EMERGENCY PLEASE CONTACT:

PRINT NAME AND PHONE NUMBER

ALTERNATE NAME AND PHONE NUMBER

