

Camp IAWAH



Thanksgiving Weekend Family Retreat 2020 October 9-12 Registration Form

To register, please complete this form and return it by email, fax or postal mail.
A deposit of \$100.00 is required to confirm registration

PART I – Family Contact Info

Family Name _____
Street Address _____ City / Town _____
Prov. _____ Postal Code _____ Email _____
Phone (H) _____ Phone (W) _____ Phone (C) _____

PART II – Adults/Parents

Adult 1 – Name _____
Dietary Needs / Allergies _____

Adult 2 – Name _____
Dietary Needs / Allergies _____

PART III – Children

Child 1 – Name _____
Dietary Needs / Allergies _____

Child 2 – Name _____
Dietary Needs / Allergies _____

Male Female Age at Retreat _____

Male Female Age at Retreat _____

Child 3 – Name _____
Dietary Needs / Allergies _____

Child 4 – Name _____
Dietary Needs / Allergies _____

Male Female Age at Retreat _____

Male Female Age at Retreat _____

Child 5 – Name _____
Dietary Needs / Allergies _____

Child 6 – Name _____
Dietary Needs / Allergies _____

Male Female Age at Retreat _____

Male Female Age at Retreat _____

PART IV – Accommodation Preference and Financial

Specific Lodge rooms available on first-come, first-serve basis

Bush Lodge (Double and Bunk Beds (Ensuite Washroom))

IAWAH Lodge (Single and Bunk Beds (Central Washrooms))

Fees	13 and older	\$180 + HST
	7 – 12	\$120 + HST
	6 and under	FREE

\$ _____ Retreat Fees [to a max of four (4) paying guests]

\$ _____ Taxes (13% HST)

\$ _____ Total Payment

NOTE: A non-refundable deposit of \$100.00 is required to secure your registration.

Payment Method:

Cheque(s) enclosed MasterCard VISA

I authorize the following charges to my credit card

\$ _____

Card # _____ / _____ / _____ Exp _____ / _____

Signature _____

(over...)

STATEMENT OF UNDERSTANDING: By signing below, you agree to the following statements. **REFUNDS:** Your deposit is non-refundable. Fees are refundable only if cancellation is received at least 30 days prior to the beginning of this retreat or if accompanied by a physician's medical certificate. Extenuating circumstances will be evaluated on an individual basis. No refund will be made for late arrivals or early departures. **PRIVACY:** Camp IAWAH will only use personal information collected for the purposes of IAWAH. Personal Information will not be given to any third party without acquiring consent. **DISMISSAL:** Camp IAWAH reserves the right to dismiss any Family Retreat guest who, in the opinion of the Camp, is a hazard to the safety and rights of others, or appears to have rejected the reasonable controls of the Camp. **PROMOTIONAL MATERIALS:** Camp IAWAH and any third party authorized by IAWAH may use any photo, video, or recording of the family campers in IAWAH authorized materials. Campers will not be identified. **ACTIVITIES:** Some Camp activities may occur off IAWAH Property and the family members may fully participate in such activities with parental consent. **LOST ITEMS:** IAWAH is not responsible for personal items that are lost, stolen or damaged. **MEDICAL TREATMENT:** Camp IAWAH does not provide medical care for Family Retreat guests. **WAIVER:** Every precaution is taken for the safety and good health of IAWAH campers. In the event of an accident or sickness, Camp IAWAH (known corporately as IAWAH Christian Ministries) and its Camp Directors and Staff are hereby released from any liability. **DUTY TO INFORM:** It is the responsibility of the Registering Adult to ensure that IAWAH is informed of any information that may be necessary for the safety and rights of the family members as well as the safety and rights of all other retreat guests and staff.

Name (please print) _____ Signature: _____ Date: _____