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2010 CAMP MASSAD REGISTRATION

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REGISTRATION DAY: SUNDAY, FEBRUARY 21, 2010, 9 A.M. – 12:30 P.M. IN THE ADULT LOUNGE, ASPER CAMPUS, 123 DONCASTER.

A \$200 fee reduction will be applied to all registrations received on or before Monday, March 1, 2010 (\$25 for Bisselleh).

	DATES	FEE	GST	CIF	TOTAL	Fee Before March 1, 2010	✓
1st session	Three Weeks	July 4 – 25	\$2,072.38	\$103.62	\$36	\$2,212.00	\$2,002.00
	Two Weeks	July 11 – 25	\$1,656.19	\$82.81	\$36	\$1,775.00	\$1,565.00
	Bisselleh 1	July 4 – 8	\$337.38	\$16.87	\$36	\$390.25	\$364.00
2nd session	Three Weeks	July 29 – August 19	\$2,072.38	\$103.62	\$36	\$2,212.00	\$2,002.00
	Two Weeks	August 5 – 19	\$1,656.19	\$82.81	\$36	\$1,775.00	\$1,565.00
	Bisselleh 2	July 29 – August 2	\$337.38	\$16.87	\$36	\$390.25	\$364.00
	Ma'alit	July 4 – 25	\$2,175.24	\$108.76	\$36	\$2,320.00	\$2,110.00
	Michinah	July 11 – 25 AND July 29 – August 19	\$2,592.38	\$129.62	\$36	\$2,758.00	\$2,548.00
	Mach'shirah	July 4 – 25 AND July 29 – August 19	\$2,903.81	\$145.19	\$36	\$3,085.00	\$2,875.00

Please contact me to discuss a possible subsidy

Please contact me about special needs

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A \$300 non-refundable deposit must accompany this form (\$150 for Bisselleh).

A \$36 (GST included) capital improvement fee (CIF) must accompany every registration.

Camper applications will not be processed unless accompanied by full payment or by post-dated cheques for the balance of the fee. These cheques may not be dated later than May 1, 2010.

VISA or MasterCard will be accepted ONLY for those paying in full on or before March 1, 2010. (Americans may pay by VISA or MasterCard at any time. All fees are in Canadian dollars, calculated as of the date of payment). All deposits and capital improvement fees are non-refundable and non-transferable.

An out-of-province fee of \$50 per child (maximum \$100 per family) must accompany all out-of-province registrations and deposits.

Camper's Name _____ Male Female
Last First

Address _____
Street and Number City Province Postal Code/Zip Code

Phone (_____) _____ Summer phone (if applicable) (_____) _____
(including area code if not 204)

Parent's e-mail _____ Camper's e-mail _____

Camper's date of birth ____ / ____ / ____ Grade in January 2010 _____ Camper's current school _____
Day Month Year

Mother's (or Guardian's) name _____

Home Phone _____ Bus. Phone _____ Cell Phone _____

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Father's (or Guardian's) name _____

Home Phone _____ Bus. Phone _____ Cell Phone _____

Camper may be released to Mother Father Other (specify) _____

If "Other", what are their home, work and cell phone #'s _____

Emergency contact other than parents/guardians _____ Relationship to Camper _____

Home, work and cell phone #'s of emergency contact _____

MB Health/PHIN # (6 digit and 9 digit) _____ / _____

Pick up at Wpg Beach? Y N Drop off at Wpg Beach? Y N

Preferred cabin-mates 1) _____ 2) _____ (We will try to place campers with at least one preferred cabin-mate.)

Method of Payment: Cash Cheque Canadian Money Order VISA Mastercard

(only for those paying in full on or before March 1, 2010). CC# _____ CC Expiry date _____

All campers receive free Massad t-shirts. Size: Youth 10-12 Youth 14-16 Adult Small
 Adult Medium Adult Large Adult XL

PLEASE NOTE:

Mach'shirah applicants will be interviewed - not every applicant will necessarily be accepted.

Space is limited. Register early to avoid disappointment.

If a camper cancels before May 1, 2010, 2/3 of the fee will be refunded upon request. If a camper cancels after May 1 for medical or emergency reasons, 1/3 of the fee will be refunded upon request. If a camper cancels after May 1 for other reasons, there will be no refund. If a camper arrives late or leaves early for non-emergency reasons, there will be no discount or reduction in fees. If a camper is sent home for non-compliance with camp rules, there will be no refund. All deposits are non-refundable and non-transferable.

If you have requested information about possible subsidies, a Massad subsidy application form will be mailed to you. Deadline for subsidy applications is March 30, 2010. All information is kept strictly confidential. Subsidies are also available from The Manitoba Camping Association's Sunshine Fund. Phone 784-1134 for further information.

I give permission to Massad to secure health care treatment and obtain prescription medication if required for my child while in Massad's care. I agree to promptly reimburse Massad for all health care items and prescription medication which Massad may have to purchase for my child.

I give Massad permission to keep this form for its records and to store information on this application form in electronic format. Though Massad may use the information on this form for its own operational needs, it shall not share any information on this form with any other organization (other than the Manitoba Camping Association's Sunshine Fund, if applicable), without first obtaining written consent from the person who signs this form.

Massad regularly posts pictures of campers on its website and facebook site and uses photos and videos of campers in other promotional materials. No names are ever attached to the photos! On behalf of my child, I consent to these arrangements.

Massad will make every effort to provide a healthy and safe camping experience for all campers as required by the Manitoba Camping Association (MCA), of which Massad is a member in good standing. I agree that, in complying with MCA standards and requirements, Massad and its employees, directors and agents are exercising a reasonable standard of care.

I HAVE READ THIS FORM AND I UNDERSTAND IT.

Date _____ Signature _____

METHOD OF PAYMENT (For office use only)

Date Rec'd _____ Cheque Cash Money Order Credit Card Visa MC

Expiry Date: ____ / ____ Amount Rec'd _____

Post-Dated Cheque Rec'd 1. _____ 2. _____ 3. _____ 4. _____ CIF Rec'd _____