

Science & Baseball

a summer camp for kids ages 6 to 9 July 24-28, 2017 Hellenic Society of Calgary



REGISTRATION FORM

	PAR	TICIPANT	INFORMATI	ON						
Participant #1 Last name:	First:	Ν	Middle:		Birth date (yyyy/mm/dd):		Age:	Gender:		
					1 1			ΠF	ШM	
Any allergies or medical conditions?		ι	□ No	ļ	Alberta Health Care #:					
If yes, please specify:										
Participant #2 Last name:	First:	First:			Birth date (yyyy/mm/dd):		Age:	Gender:		
					1 1			ΠF	ШM	
Any allergies or medical conditions?	🖵 Yes	[□ No	ļ	Alberta Health Care #:					
If yes, please specify:										
Registering more than 2 family members?		tach additional	ional registration form		□ No					
PARENT/GUARDIAN INFORMATION										
Parent/Guardian #1 Last name: First:					Hellenic Society of Calgary			Member?		
					□ Yes			🗆 No		
Street address:			City/Province:		Postal Code:					
Cell phone no.:	Work phone no.:		Email:	iail:						
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Parent/Guardian #2 Last name: First:			Hellenic Soc			ociety of	ciety of Calgary Member?			
			🗆 Yes			D No				
Street address (if different):		City/Province:		Postal Code:						
Cell phone no.:	Work phone no.:		Email:							
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IN CASE OF EMERGENCY										
Name of local friend or relative (not living at same address):		Relationship to child:		Home phone no.:		Wor	Work phone no.:			
			(()) ()		
PAYMENT										
Method of payment (check one):	Number o	X \$350.00 per participant =								
e-Transfer Cheque	Less 10% (if active memb									
Total:						\$				
Cancellation and Refund Policy: No refunds or cancellations. A \$50 administration fee will be charged on all NSF cheques.										
Parent/Guardian signature Date										
Email form and send e-	Drop off or mail form									
Transfer to:			and cheque to:	1 Tamarac Crescent SW, Calgary, AB T3C 3B7						