

Summer Camp Registration Form

General Information

Participant Name 1 and Age:			
Participant Name 2 and Age:			
Participant Name 3 and Age:			
Parent/Guardian Name 1:		Phone Number:	
Parent/Guardian Name 2:		Phone Number:	
Address:			
City: Prov	ince:	Postal Code:	
Email:			
	Emergency Contact Info	<u>ormation</u>	
ame: Relationship:			
Phone Number: Email:			
Are they allowed to p	pick up your child or child	ren from camp: 🗆 Yes 🔻 🗅 N	lo
	Full Day Can	nps	
Detective Academy (Camp A) – Ages 6 to 10	9:00 am to 4:00pm	☐ July 21 to July 24 ☐ August 5 to 8	\$260 + tax*
Forensics Lab (Camp B) - Ages 9 to 12	9:00 am to 4:00 pm	☐ July 28 to July 31 ☐ August 11 to 14	\$260 + tax*
* \$210 +tax for each additional ch	ild registered		
Please provide any other informat	ion you have about your (child(ren) – this includes any al	lergies:
Signature:		Date:	