

**HOLY SPIRIT
FAITH AND BIBLE CAMP REGISTRATION 2018**

CHILD'S
NAME _____

Age _____

Special Needs _____

Name of Parents _____

Address _____

Phone Number _____

Parents' work numbers _____

Name and # of person to contact in case of
emergency _____

Allergies _____

Ohip # _____

I give permission for my child _____ to attend and to be in the
parish photos during Holy Spirit Parish Summer Camp July 30, 31 & August 1, 2, 2018.

Please mark the days your child/ren will be attending:

- Monday, July 30 @ 10 a.m. – 3 p.m.
 - Tuesday, July 31 @ 10 a.m. – 3 p.m.
 - Wednesday, August 1 @ 10 a.m. – 3 p.m.
 - Thursday, August 2 @ 10 a.m. – 3 p.m.
- Payment attached \$25/child or \$50/family



YOUR SIGNATURE _____

**PLEASE DROPP OFF THIS FORM WITH PAYMENT AT THE OFFICE
BEFORE JULY 22, 2018**