



ARROWHEAD CAMP

40TH ALUMNI REUNION

Saturday September 1st -Monday September 3rd, 2012

1111 Ronville Rd. RR.1 Dwight Ontario P0A 1H0

Phone: 705-635-1600 Fax: 705-635-1630

Website: www.arrowhead.on.ca

Email: camp@arrowhead.on.ca

PARTICIPANT'S NAME: _____
(First) (Last)

YEARS ON STAFF (ARROWHEAD CAMP OR ARROWHEAD RANCH) _____

JOBS AT CAMP: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ BUSINESS PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT FOR THE WEEKEND:

NAME: _____ CONTACT #: _____

INCIDENTALS:

Are there any health concerns that limit your full participation during the program? If so, please comment:

Special dietary requirements: Vegetarian Vegan Lactose Intolerant No Red Meat

Other (please explain) _____

TRAVELLING GREEN:

Arrowhead Camp would be happy to assist with arranging carpools.

- I will be arriving by car I will be arriving by car and have room for _____ people
 I need a ride and would like to carpool

ACCOMMODATION PREFERENCES:

Accommodation is camper style cabins (upper and lower bunks) with washrooms in the cabins.

Any cabin mate requests? _____

Are you an early to bed person (by 10:30 pm)?

Are you a night hawk (after 10:30 pm)?

PAYMENT SUMMARY

PARTICIPANT FEES (includes HST)

\$150.00

Fee includes two night accommodation, food, 40th anniversary alumni shirt & all Camp Activities.

Registrations due no later than July 1st 2012

Please indicate shirt size:

Unisex: S M L XL

Or

Camp friendly ladies fitted Shirt: S M L XL

PAYMENT METHOD

Cheque (payable to Arrowhead Camp)

Visa

MasterCard

Credit card number

Expiry Date

Name on the card

Signature of card holder

To complete the registration process, please send this form and payment by mail or by fax to the camp address found on the front of this registration form. You will receive a confirmation email or letter when we have received payment and have processed your application.

REFUND POLICY

I understand that an administration fee of \$25 will be charged for any cancellation made; however, if there is a cancellation made within the 2 weeks preceding the Reunion Weekend, I will not receive a refund, unless there is a documented medical reason.

CONDITIONS OF ENROLLMENT

I agree to follow the policies and procedures set out by the Arrowhead Camp administration and staff. I understand that these policies include responsible drinking, and that I am responsible for my actions if I consume any alcohol on site. I also undertake to conduct my activities in a safe and careful manner.

I have read the Refund Policy and the Conditions of Enrollment and accept the terms as described for the 40th Alumni Reunion at Arrowhead Camp.

Signature: _____

Date: _____