**“LEARN TO CAMP SKILLS” Provincial Camp**

**September 23-24, 2017 @ Trefoil Trails (Pike Lake)**



***For Brownies & UP***

**Registration Deadline 5 p.m., Sept.15**

**$15.00 per girl**

**This event is supported by a grant from the SPRA.**

Campers, depending on Branch, will have the opportunity to **learn a variety of skills** such as knots; building a fire; water safety; outdoor cooking; tent setup; gear; hiking and navigation as well as **earn program badges**.

Camp begins Saturday, Sept. 23 at 10 a.m. & ends Sunday, Sept. 24 at 4 p.m.;

Meals will be provided from Saturday lunch to Sunday lunch.

***Register by submitting this form, with $15.00 fee, no later than Friday, Sept. 15 @ 5 p.m.***

***Mail to 200, 1530 Broadway Ave., Regina, SK S4P 1E2 OR***

 ***Pay fee by calling with credit card to 306-757-4102; 1-800-565-8111 (toll free within SK)***

***Please complete both sides of the form***

**GIRL INFORMATION:**

 Girl’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Member number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_ Current Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Town: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PARENT INFORMATON:**

Parent's Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_\_\_\_\_\_\_\_ (Evening):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (specific to this weekend):**

Emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone (Daytime): \_\_\_\_\_\_\_\_\_\_\_\_ (Evening):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Cell): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RESTRICTIONS:**

Does your child have any of the following restrictions? Please list all:

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physical Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Permission Form, Health form & Kit list will be sent, directly after registration complete, via email.**

**PLEASE NOTE:** \*\*If a minimum number of 15 campers is not met by the registration deadline date, notice of cancellation will be given to all registrants and fee returned in full\*\*

**For Office Use Only** Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Method of Payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_