

Body Now 4 Mums & Kids Summer 2010 Adventure Camp Registration

Name: _____ Age & DOB: _____

Address: _____

Phone number: (H): _____ (C): _____

E-mail address: _____

Parents name(s): _____

Emergency Contact name & phone (while at camp): _____

Health Card #: _____

Allergies or special conditions (please list): _____

Medication: _____

Please circle camp week(s):

Week 1 Fee: \$214

Week 2 Fee: \$214

Week 3 Fee: \$214

Week 4 Fee: \$214

Week 5 Fee: \$171

Total: \$ _____

Please note that prior to your child's arrival, an e-mail will be sent out to inform you what your child should bring to camp. Please call or e-mail if you have any questions prior to their arrival.

Thank you,

Body Now 4 Mums & Kids

PO Box 29031, Portsmouth P.O., Kingston, ON

K7M 8W6

(613)-542-6867

www.bodynow4mums.com