



The «**Coeur-à-Coeur Congenital Camp**» will take place on **Sunday September 14, 2008** from **10:00 to 16:00**. All activities and facilities will be provided by:

CAMP B'NAI BRITH INC.
1 CARRÉ CUMMINGS SQUARE #232
MONTRÉAL, QUÉBEC H3W1M6
phone # 514-735-3669
fax # 514-735-8197
www.cbbmtl.org

IMPORTANT:

1. Please fill out the form **COMPLETELY**.
2. All forms must be **signed** in the appropriate places and returned to the camp office...Signatures are required on: **page 2** - at bottom
3. Enclose Camp Fees:
\$20 Adults
\$10 Children 6 – 17
Free if less than 5 years old
4. Transportation by bus will be made available from the hospital to the camp site. The bus will leave at 8:00 am and departure from the camp will be at 4:30. In the space below, indicate whether transportation is required and for how many people. **Transportation cost is \$10.00 per person.**

PAYMENT at time of registration, before August 31st by check made to "Camp B'Nai Brith".

No reimbursement will be made to cancellations after June 15, 2008 unless for medical reasons. A doctor's note is required.

All signed registration forms and complete payment fees must be sent to: Camp B'Nai Brith Inc. 1 Carré Cummings Square, #232, Montréal, Québec, H3W 1M6

For further information, please contact the Maude Unit Team at 514-934-1934 ext. 42691.

REGISTRATION FORM – 2008

FULL NAME: _____ MALE/FEMALE _____

ADDRESS _____ APT. # _____

CITY _____ PROVINCE _____ POSTAL CODE _____ TEL. NO. _____

Date of Birth ____/____/____ Age as of June 30, 2008 _____
Month/ Day / Year

Emergency Tel. No. _____ E-mail _____

Name of family members going to the camp _____ Age _____

Transportation required: NO ___ YES ___ No. of pp _____

Payment included: YES ___ NO ___

CAMP AGREEMENT

- A. **REFUND POLICY:** in general, no refund will be issued.

- B. ***CAMP DOES NOT ASSUME ANY RESPONSIBILITY FOR LOSS OR DAMAGE TO BAGGAGE OR PERSONAL BELONGINGS OR MONEY, DURING PERIOD AT CAMP. (We suggest labeling all belongings)***

- C. **AUTHORIZATION FOR MEDICAL CARE FOR CAMP B'NAI BRITH**
In case of illness or accident affecting my child, and I/we are not available to furnish my consent, I hereby authorize you to engage such medical personnel and/or institutions as you may deem necessary and further authorize such medical personnel or institutions to perform those medical procedures surgical or otherwise, which in their opinion are necessary for the proper treatment of my child.

- D. No food products to be brought to camp and/or either dropped off at camp office (city/up north).

PLEASE INDICATE YOUR UNDERSTANDING AND ACCEPTANCE OF THE RULES AND COMMITMENTS BY SIGNING IN THE SPACE BELOW:

Camper's name: _____

**Signature if over 18 years _____

Number of Participants: _____

***All participants under 18 years of age must be accompanied by an adult.**