

Registration Form

Payment procedure, see back panel.

Payment Details

Make cheques payable to "Beacon Unitarian Church" and send with form to: Beacon Family Camp Registrar, #314 - 522 Smith Ave. Coquitlam, BC V3J 7X7. Cheques may be post dated to applicable registration deadlines. **Questions? sasamat@beaconunitarian.org**

Early Bird Deadline: March 18th

Registration Deadline: April 30th

Name: _____ Church: _____

Address: _____ Vegetarian

Tel/Cell: _____ Email: _____

Emergency Contact: _____ Phone #: _____ Relation: _____

Additional campers covered by this registration: _____ Age, if child _____ Vegetarian? _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

Full weekend	Early Bird Rate by March 18th	Regular Rate by Apr 30th		
_____ Adult(s)	@ \$151 ea	\$161 ea	=	\$ _____
_____ Child(ren) (3-17)	@ \$139 ea	\$149 ea	=	\$ _____
_____ Child(ren) (under 3)	@ Free	Free	=	\$ _____

Preferred Accommodation: Room in a 3-room cabin: 2-bed OR 4-bed
 6-bed cottage (detached, preferred proximity to main lodge: far close)

As the camp fills up, it may be necessary to share your accommodation.

I prefer to share with: _____

Day Campers (includes 1 meal and use of camp facilities)

Saturday, June 9th: _____ Adult(s) or Child(ren) (3-17) @ \$37 ea = \$ _____

Sunday, June 10th: _____ Adult(s) or Child(ren) (3-17) @ \$37 ea = \$ _____

Please specify whether you would like to join us for **lunch OR dinner (circle one)**

Children's Program: Saturday, June 9th 10:30-12:30 am, 1:30-3:30 pm

_____ Child(ren) (Program included with admission)

Choral Workshop: Saturday, June 9th, 10-11:30 am, 1:30-3:30 pm (& Sun. service)

_____ Full weekend camper(s) @ \$33 ea = \$ _____

_____ Sat. workshop with lunch & canoe/kayaking (3:30-5pm) @ \$67 ea = \$ _____

Climbing Workshop: Sun., June 10th (courses offered if sufficient number of registrants)

_____ Climbing Wall: 1 pm-3 pm (ages 6 and up) @ \$12 ea = \$ _____

_____ High ropes course: 3:30-5:00 pm (ages 8 and up) @ \$12 ea = \$ _____

**Please indicate what workshop for which camper:*

Tax deductible donation to help someone else come to Sasamat: \$ _____

Total: \$ _____

Subsidy requested: \$ _____

Work Duty (Weekend Campers only)

Initial below:

I understand that each adult camper is needed to perform a small organizational duty during the camp (eg. dining room set-up 15 min.) _____

Swimming Waiver

Initial below:

I understand that there will be no lifeguard on duty during the camp and I will supervise (or arrange responsible supervision) for my child(ren) while they are swimming _____