



# Family Camp & Bible Conference

B2215, Hwy #48 East, R.R. #3 Beaverton, Ontario L0K 1A0

Email: info@fairhavens.org

Phone: 705.426.7378

Toll-free: 1.800.430.5059

Fax: 705.426.9572

## 2010 Registration

### Guest Information

Name (Mr/Mrs): \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ P.C.: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Church: \_\_\_\_\_ Denomination: \_\_\_\_\_

Privacy policy: Please be advised that any personal information provided to and kept by Fair Havens Ministries will be used strictly for internal purposes including providing information (e.g. promotional mailings) and event registration. More information on our privacy policy can be found on our website.

### Booking Information

Family Camp  
 Week #: \_\_\_\_\_  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
 Accommodation or Camping  
 Choice #1: \_\_\_\_\_ Choice #1: \_\_\_\_\_  
 Choice #2: \_\_\_\_\_ Choice #2: \_\_\_\_\_  
 Deposit  
 Enclosed: \_\_\_\_\_ x \$50 = \$ \_\_\_\_\_  
 (# of rooms or campsites)

### Policies & Cancellations

- All deposits should be current dated.
- Confirmation of balance owing will be sent.
- Balance is due one (1) week prior to arrival.
- Payable in Cash, Cheque, Visa or MasterCard.
- Prices subject to change and applicable taxes.
- Family Camp & Bible Conference: fee of \$15 on all cancellations.
- No refund of deposits after March 31, 2010.

#### OFFICE USE ONLY

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

### Summer 2010 at a Glance

#### Family Camp Weeks

Week 1 July 3 - 10  
 Week 2 July 10 - 17  
 Week 3 July 17 - 24  
 Week 4 July 24 - 31  
 Week 5 July 31 - August 7  
 Week 6 August 7 - 14  
 Week 7 August 14 - 21  
 Week 8 August 21 - 28  
 Week 9 August 28 - Sept. 4

#### Speakers

Don Howard  
 Bob Beasley  
 Garth Leno  
 Sunder Krishnan  
 Rick Reed  
 Marvin Brubaker  
 Bill Thornton  
 Rob Cochrane  
 Leandro Tarrataca

#### Fair Havens PRESENTS

A series of movies, drama or concerts on Sunday nights. Check out the website for updates at [www.fairhavens.org](http://www.fairhavens.org)



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## Children and Teens Registration

### Stay Dates

Please indicate the dates you are staying, as well as your room/site # in the spaces provided:

Note: If staying for multiple weeks, please fill out a copy of this form for each week registered.

Week #: \_\_\_\_\_ Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Room/Site #: \_\_\_\_\_

### Skill Choices

**For all youth completed Grades 4 to 12, select choices from:**

Xtreme Team and Jr. Teens select their top 3 skill choices and will be assigned to participate in 2 skills each day, Monday to Friday.

Sr. Teens select their top 2 skill choices and will be assigned to participate in 1 skill each day, Monday to Friday.

- S1 Canoeing (ORCKA)
- S2 Golf
- S3 Archery
- S4 High Ropes / Mt. Moriah (Climbing)
- S5 Crafty by Nature (Arts & Crafts)
- S6 Wilderness Studies
- S7 Drama
- S8 Swimming (Red Cross Swim)
- S9 Active Sports

### Skill/Program Selections

Please list all children attending. For non-skills selections (i.e. 0 yrs - Grade 3) enter an X in the appropriate box. For skills selections, please specify in the appropriate box the letter/number (i.e. S1) of the skill choice(s) for the associated child, ordered 1st, 2nd and 3rd choice.

**NOTE: All grades refer to Grade Completed**

Please Print

	Age	Grade (June '10)	Child can leave program unattended	Tiny Tots (0 to 18 months)	Starting Steps (19 to 36 months)	Edges/Explorers (3 & 4 yr. olds)	Kinder Kids (JK & SK)	The ROCK (grade 1-3)	Xtreme Team (grade 4-6) 2 skill sessions	Jr. Teen Program (grade 7-8) 2 skill sessions	Sr. Teen Program (grade 9-12)
<b>1. Name:</b>											
Health Card #:	Health concerns/allergies/special needs:										
<b>2. Name:</b>											
Health Card #:	Health concerns/allergies/special needs:										
<b>3. Name:</b>											
Health Card #:	Health concerns/allergies/special needs:										
<b>4. Name:</b>											
Health Card #:	Health concerns/allergies/special needs:										
<b>5. Name:</b>											
Health Card #:	Health concerns/allergies/special needs:										
<b>6. Name:</b>											
Health Card #:	Health concerns/allergies/special needs:										
<b>7. Name:</b>											
Health Card #:	Health concerns/allergies/special needs:										