



Rainbows Camp Application Form

July 30 - August 4, 2010 or August 6 - 11, 2010

Guest Registration Information:

Attending Parent				
Child		Age		Grade (Sep10)
Child		Age		Grade (Sep10)
Child		Age		Grade (Sep10)
Home Phone		Email		
Street Address				
City		Prov		Postal Code
I have attended a RAINBOWS or DivorceCare program: <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, (where)			(when)	

Fees: One parent with one child \$250.00 (6 days / 5 nights)
 One parent with up to four children \$300.00 (6 days / 5 nights)
 (if additional adult or children are attending, please call for rates)
 Questions: Linda Anderson (403) 286-5300 ext 116 or linda@bvccweb.ca

Dates Attending				
Payment in the amount of \$		(Please do not send cash in the mail)		
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	
Card Number			Exp. date	
Signature			Date	
Fees paid by other (specify)				

Make cheques payable to: " Pine Lake Christian Camp"

Fax form to: OR Mail form to: Linda Anderson - Rainbows Camp Dean OR Email form to:
 (403) 286-4003 Bow Valley Christian Church linda@bvccweb.ca
 5300 53 Ave NW Calgary, Alberta T3A 2G8