

**RAINBOWS Camp Application Form  
August 1-6, 2008**

**Guest Registration Information:**

**Attending Parent** \_\_\_\_\_

**Child** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade (Sep08)** \_\_\_\_\_.

**Child** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade (Sep08)** \_\_\_\_\_.

**Child** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade (Sep08)** \_\_\_\_\_.

**Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_.

**Street Address** \_\_\_\_\_.

**City** \_\_\_\_\_ **Prov** \_\_\_\_\_ **Postal Code** \_\_\_\_\_.

**I have attended a RAINBOWS or DivorceCare program:** \_\_\_\_\_ **Yes** \_\_\_ **No**

**If Yes, (where)** \_\_\_\_\_ **(when)** \_\_\_\_\_.

Fees: One parent with one child \$250.00 (6 days / 5 nights) or \$50 daily  
One parent with up to four children \$300.00 (6 days / 5 nights) or \$60 daily  
(if additional adult or children are attending, please call for rates)

**Dates Attending** \_\_\_\_\_.

**Payment in the amount of \$** \_\_\_\_\_ **(Please do not send cash in the mail)**

\_\_\_\_\_ **Cheque** \_\_\_\_\_ **Money Order** \_\_\_\_\_ **Visa** \_\_\_\_\_ **Mastercard**

**Card Number** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Fees paid by other (specify)** \_\_\_\_\_

For more information – Linda Anderson (403) 286-5300 - [linda@bvccweb.ca](mailto:linda@bvccweb.ca)

Make Cheques payable to Pine Lake Christian Camp

Fax form to:

(403) 286-4003OR

Mail form to: Linda Anderson – Rainbows Camp Dean  
Bow Valley Christian Church

5300 53 Ave NW Calgary, Alberta T3A 2G8