



Summer Conference

B2215, Hwy #48 East, Beaverton, Ontario L0K 1A0

Email: info@fairhavens.org

Phone: 705.426.7378

Toll-free: 1.800.430.5059

Fax: 705.426.9572

2019 Registration

Guest Information

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

Privacy policy: Please be advised that any personal information and/or photos/video provided to or taken by Fair Havens Bible Centre will be used strictly for internal purposes including providing information (e.g. promotional materials & mailings) and event registration. More information on our privacy policy can be found on our website.

Parent or Guardian Signature: _____

Booking Information

Family Camp

Week #: _____

Start Date: _____ End Date: _____

Accommodation _____ or _____ Camping

Choice #1: _____ Choice #1: _____

Choice #2: _____ Choice #2: _____

Deposit

Enclosed: _____ x \$100 = \$ _____

(# 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 \$25 on all cancellations.
- No refund of deposits after March 31, 2019.

OFFICE USE ONLY

Date Received: _____ By: _____

Summer 2019 at a Glance

Family Camp Weeks

- Week 1: June 29 - July 6
- Week 2: July 6 - 13
- Week 3: July 13 - 20
- Week 4: July 20 - 27
- Week 5: July 27 - August 3
- Week 6: August 3 - 10
- Week 7: August 10 - 17
- Week 8: August 17 - 24
- Week 9: August 24 - 31

Speakers

- John Garner
- Peter Kenniphaas
- Dwayne Cline
- Russ Worrad
- Sundar Krishnan / Vijay Krishnan
- Rick Reed
- Kevin Mahon
- Steve West
- Martin Goode

Fair Havens PRESENTS

A series of movies, drama or concerts on Sunday nights. Check out the website for updates at:

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 #: _____

Emergency Contact: _____ Phone: _____

Skill Choices

For all youth completed Grades 4 to 12 (born 2001-2009), 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 Active Sports | S5 Creative Arts |
| S2 Archery | S6 Digital Photography |
| S3 Baking 101 | S7 Out in the Wild |
| S4 Canoeing (ORCKA) | |
| S5 Climbing (High Ropes / Mt. Moriah) | |

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.

* Please indicate if your child will require a special needs worker while at program.

NOTE: All grades refer to Grade Completed

Please Print

	Age	Grade (June '19)	Child can leave program unattended	Tiny Tots (0 to 18 months)	Starting Steps (19 to 36 months)	Eggs/ Explorers (3 & 4 yr. olds)	Kinder Kidz (JK & SK)	The ROCK (grade 1-3)	Xtreme Team (grade 4-6, born in 2007 - 2009) 2-skill sessions	Jr. Teen Program (grade 7-8, born in 2005 - 2006) 2-skill sessions	Sr. Teen Program (grade 9-12, born in 2001 - 2004)
1. Name:											
Health concerns/allergies/special needs *:											
2. Name:											
Health concerns/allergies/special needs *:											
3. Name:											
Health concerns/allergies/special needs *:											
4. Name:											
Health concerns/allergies/special needs *:											
5. Name:											
Health concerns/allergies/special needs *:											
6. Name:											
Health concerns/allergies/special needs *:											
7. Name:											
Health concerns/allergies/special needs *:											