



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

2012 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 \$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, 2012.

OFFICE USE ONLY

Date Received: _____ By: _____

Summer 2012 at a Glance

Family Camp Weeks

Week 1 June 30 - July 7
 Week 2 July 7 - 14
 Week 3 July 14 - 21
 Week 4 July 21 - 28
 Week 5 July 28 - August 4
 Week 6 August 4 - 11
 Week 7 August 11 - 18
 Week 8 August 18 - 25
 Week 9 August 25 - Sept. 1

Speakers

Ian Leitch
 Don Howard
 Bob Beasley
 Garth Leno
 Andy Bannister
 Bill Thornton
 Kevin Mahon
 Marvin Brubacher
 Steve West

Fair Havens PRESENTS

A series of movies, drama or concerts on Saturday 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, 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 Climbing (High Ropes / Mt. Moriah)
- S5 Creative Art
- S6 Wilderness Adventures
- 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.

* 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 '12)	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)
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 *:											