



Children born January 1st, 2008 to June 30, 2015 are eligible to be campers.

**Location: St. George's Cadboro Bay Anglican Church
3909 St. George's Ln, Victoria**

Cost: Early Bird Registration (Deadline June 7th, 2019)
\$25 first child
\$20 second child
\$15 third child

After June 7th, 2019
\$35 first child
\$30 second child
\$25 third child

Children with special needs may attend with an assistant.

If transportation is an issue please contact us at amazingforkids17@gmail.com

Registration forms (with payment) can be returned to one of the following:

St. George's Anglican Church: 3909 St George's Ln, Victoria, BC V8N 4E3
St. Luke's Anglican Church: 3821 Cedar Hill Cross Rd, Victoria, BC V8P 2M6
Lutheran Church of the Cross: 3787 Cedar Hill Rd, Victoria, BC V8P 3Z4

Make cheques payable to Lutheran Church of the Cross. Please write "Amazing Journey" on the memo line.

Completed registration forms can also be scanned and e-mailed to amazingforkids17@gmail.com with payment made by e-transfer to lutheranchurchofthecross@shaw.ca

AMAZING JOURNEY 2019 REGISTRATION FORM

Child's Name	Date of Birth (YY/MM/DD)	Grade Completed	BC Care Card #
1.			
2.			
3.			
4.			
Allergies, diet restrictions, or health challenges: (list individually for each child) 			
Special Requests:			
Parent(s)/Guardian(s) First and Last Name:			
Relation:			
Address:			
City:	Postal Code:	Home Phone:	Cell #:
E-mail:			
Contact # in case of emergency :	Name:	Relationship:	
	Daytime Phone #:	Alternate Phone #:	
Person(s) picking child(ren) up	Note: Children will only be released to those listed on this form.		
	Name:	Name:	
	Phone #:	Phone #:	
How did you hear of this program?	Church _____ Which Church? _____ (Pre) School _____ Which (Pre) School _____ E-Mail _____ Advertising _____ Where? _____ Friend _____ Attended Previous Years _____ Other (Specify) _____		
Photograph/Video permission: We intend to take pictures and video recordings during this event to be used for future promotion, including newsletters and our websites. I <u>GIVE</u> permission for my child(ren) to be photographed/video recorded _____ I <u>DO NOT GIVE</u> permission for my child to be photographed/video recorded _____ _____ <div style="display: flex; justify-content: space-between;"> Signature of Parent or Guardian Date </div>			
In the event that your child requires medical attention, they will be transported to the nearest emergency centre including by ambulance if necessary, and you will be responsible for any associated costs.			
Office Use Only	Paid _____ Early Registration _____ Regular _____ Amount Paid _____		