

SUMMER SLEEP-OVER CAMP HOSTYN APPLICATION 2019

(Camp was founded in 1954. For more information see our web: www.hostyn.org & youtube: Camp Hostyn)

Address: Number and Street							
City:							
Province (State):	Postal Code:					-	
Home PhoneCellular (Mobil) Phone:		Work Phone:		Fax:		_	
		E-mail:					
Emergency Contact Person		Emergency pe	rson's Phone	:			_
Name of child (must be 6 to 16 years old)	Gender (Male or Female)	Date of Birth	1 st week June 30 to July 6	2 nd week July 7 to July 13	3 rd week July 14 to July 20	Understands English, French, Czech, Slovak	Can swim YES - NO
Permission is granted to provide m I guarantee that all children will ha children cannot be admitted to the If any child is sent home for misbe will not be reimbursed. Permission is given for the Hostyn I have legal custody of the child ap SIGNATURE OF PARENT OR GUARE	ave valid medical, e camp. having or sicknes Association to us pplying to Hostyn	/hospital insurance ss, or for family rea se any photograph	e with 100% c sons, I will ac of my child o	overage. I uncept all asso	ociated costs a	nd understand that ca	
Camp Fee (in Canadian \$) The fee is \$395/1 week, \$765/2 we additional single day would cost \$ camp and back home. A minimum fee of \$20/child is deducted. The beat the beat the beat the soon on the web or contact us.	60. There is no to deposit of 100 (palance must be p	ax to be paid by yo CAD must accompa paid before June 1!	u! The parent iny each appli 5. After June 1	:/guardian is cation. In th 15, no refun	responsible for e case of cand d will be possi	or the transportation of cellation prior June 15, ble. If you are a mem k	of a child to the a cancellation oer of the
Transportation from the P.E. Trud The fee for the transportation to t Fee includes airport taxes and parl	he camp and backing.		e first child p	lus 50 CAD f	or each additio	onal child traveling on	the same plane
I request this service (circle):		ES NO					
Additional features: For fishing a	dd \$50.00 for lice	ense or buy your o	wn license.				
Medical/Hospital insurance Copy of the insurance card should	be enclosed with	n your application.	The original o	of the insura	nce card must	be brought by child o	n the arrival.
Payment I enclose a check/money order in t	the amount of: \$			Balance pa	yable is \$		
Send the application form to Hosty By mail to: 8970 Marie-Victorin, Br money order must be sent by mail	yn Association: rossard, Quebec,	Canada J4X 1A3 o	r by fax: 1-450)-923-4159 (or by e-mail: <u>c</u>		

Additional Information:

RNDr. Josef Maxant, Director of Children's Camp, tel. 450-465-4844, camphostyn@gmail.com; or Viera Seben Secretary, tel. 514- 385-5153, hostyn@live.com Tel. to the Camp during the summer is 450-222-2006.