

SUMMER SLEEP-OVER CAMP HOSTYN APPLICATION 2020 (Camp was founded in 1954. For more information see our web: www.hostyn.org & www.youtube: Camp Hostyn)

Address: Number and Street							
City:							
Province (State):			Postal Code:				
Home PhoneW Cellular (Mobil) Phone:		Vork Phone:			_ Fax:		_
		_ E-mail:					_
Emergency Contact Person		Emergency pe	rson's Phone	e:			-
Name of child (must be 6 to 16 years old)	Gender (Male or Female)	Date of Birth	1 st week July 5 to July 11	2 nd week July 12 to July 18	3 rd week July 19 to July 25	Understands English, French, Czech, Slovak	Can swim YES - NO
				1		+	
Permission is granted for my child 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	nedical/hospital a live valid medical, e camp. having or sicknes Association to us plying to Hostyn	ttention to my chi hospital insurance s, or for family rea e any photograph	ldren, if need with 100% o sons, I will ac of my child o	coverage. I un ccept all asso or video for pr	ciated 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 behavior on the web or contact us.	60. There is no ta deposit of 100 C valance must be p	x to be paid by yo AD must accompa aid before June 1	u! The paren ny each appl 5. After June	t/guardian is ication. In the 15, no refunc	responsible for e case of canc d will be possi	or the transportation of cellation prior June 15, ble. If you are a memb	of a child to the a cancellation oer of the
Transportation from the P.E. Trud The fee for the transportation to tl Fee includes airport taxes and parl	he camp and bac	k is 150 CAD for th	e first child p	lus 50 CAD fo	or each additio	onal child traveling on	the same plane
I request this service (circle):	YE	S 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	your application.	The original	of the insurar	nce card must	be brought by child o	n the arrival.
Payment I enclose a check/money order in t	he amount of t			Ralanco nass	rahla ic ¢		
Send the application form to Hosty				_ balance pay	עטוכ וט אַ		

Additional Information:

Dr. Josef Maxant, Director of Children's Camp, tel. 450-465-4844, camphostyn@gmail.com; or Dana Palušová, tel. 514- 967-3301, <u>palusova dana@yahoo.ca</u>. Tel. to the Camp during the summer is 450-222-2006. However, there is no permanent attendant. Leave a message.