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|  | Saskatchewan Fencing Association*Creating Opportunities within the Sport of Fencing*510 Cynthia St., Saskatoon SK; S7L 7K7Phone: (306) 975-0823 /ed@skfencing.ca*www.skfencing.ca* |

Outlook Summer Camp – Registration Form

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER: F \_\_ M\_\_BIRTH DATE: \_\_\_/\_\_\_/\_\_\_\_\_

 dd mm yyyy

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-SHIRT SIZE(circle appropriate size): XS S M L XL

CLUB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL/HEALTH CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME & TELEPHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTEWORTHY ALLERGIES OR MEDICAL PROBLEMS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEE**: $500.00 (or $450.00 if you are part of the Team Sask Winter Games selection group) **PAYABLE TO**: *Saskatchewan Fencing Association*

Registration application must include $100.00 deposit (payable starting July 1st), balance to be paid at registration upon arrival at camp.

**Email registration Form to: ed@skfencing.ca**

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Camper) (Parent or guardian if under 18)

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Official Use Only:

 Payment received: \_\_\_\_\_\_ Receipt issued: \_\_\_\_\_\_ Deposit: \_\_\_\_\_\_ Full payment: \_\_\_\_\_\_