



# CAMP ARTABAN 2010 VISITORS DAY REGISTRATION FORM

1058 Ridgewood Drive, North Vancouver, BC V7R 1H8

Tel: 604-980-0391 Fax: 604-980-0395

Website: campartaban.com Email: office@campartaban.com

## Visitors' Day

Thursday, August 12, 2010

**Meet at Horseshoe Bay Government Wharf at 12:00 pm**

**Boat leaves 12:30 pm**

**Boat returns 7:30 pm**

Name:	Phone #:
Address:	
<input type="checkbox"/> Adult (\$49) <input type="checkbox"/> 2 - 12 (\$39) <input type="checkbox"/> 0 - 1 (FREE)	

Name:	Phone #:
Address:	
Same as above: <input type="checkbox"/>	
<input type="checkbox"/> Adult (\$49) <input type="checkbox"/> 2 - 12 (\$39) <input type="checkbox"/> 0 - 1 (FREE)	

Name:	Phone #:
Address:	
Same as above: <input type="checkbox"/>	
<input type="checkbox"/> Adult (\$49) <input type="checkbox"/> 2 - 12 (\$39) <input type="checkbox"/> 0 - 1 (FREE)	

Name:	Phone #:
Address:	
Same as above: <input type="checkbox"/>	
<input type="checkbox"/> Adult (\$49) <input type="checkbox"/> 2 - 10 (\$39) <input type="checkbox"/> 0 - 1 (FREE)	

Name:	Phone #:
Address:	
Same as above: <input type="checkbox"/>	
<input type="checkbox"/> Adult (\$49) <input type="checkbox"/> 2 - 10 (\$39) <input type="checkbox"/> 0 - 1 (FREE)	

Attach an additional sheet if necessary

TOTAL DUE: \$ \_\_\_\_\_

AMOUNT SENT: \$ \_\_\_\_\_

**PAYMENT**

Please make all cheques payable to **Camp Artaban Society**

Paid by:  Parent / Guardian       Other: Name \_\_\_\_\_

Method of payment:     Cheque       VISA       MasterCard       Cash

Cardholder's Name \_\_\_\_\_ Signature \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date \_\_\_\_ / \_\_\_\_  
MM    YY

Date received: \_\_\_\_\_

Receipt: \_\_\_\_\_

**Paid in Full:**