

CITY ADDRESS:

40 Lawrence Avenue West
 Toronto, Ontario, Canada
 M5M 1A4
 Tel: 416-322-6250
 Fax: 416-488-9313
 info@campwhitepine.com
 www.campwhitepine.com



CAMP WHITE PINE

EST. 1956

SUMMER ADDRESS:

Haliburton, Ontario
 Canada
 K0M 1S0
 Tel: 705-457-2131

We welcome your application to Camp White Pine. Please help us by filling out this application in full detail.

Camper's Surname		Please check desired session	FULL SEASON	<input type="checkbox"/>	Present Age	Present grade at school
First Name			JULY	<input type="checkbox"/>		
Middle Initial		Date of Birth	AUGUST	<input type="checkbox"/>	DAY	MONTH
	Male <input type="checkbox"/> Female <input type="checkbox"/>				YEAR	

MAIN CONTACT: Home and business address of parents or guardian with whom camper lives

CIRCLE ONE OF: **Mr. & Mrs.** **Dr. & Mrs.** **Mr. (only)** **Mrs. (only)** **Mr. & Dr.** **Dr. & Dr.** **Other**

Family Name and First Name(s)

Home Address

City

Country

Postal or Zip Code

Home Telephone Number

Father's Cellular Number

Father's Work Number

Mother's Cellular Number

Mother's Work Number

Father's E-mail Address

Mother's E-mail Address

Camper's E-mail Address

SECONDARY CONTACT: Please fill in name and address for other parent, emergency contact, etc.

Relationship to Camper

Name

Address

Postal or Zip Code

Home Telephone Number

PLEASE PROVIDE ADDITIONAL CONTACT OR SUMMER ADDRESS:

Explanation

Name

Address

Postal or Zip Code

Telephone Number

NAMES OF BROTHERS AND SISTERS **AGE**

MEDICAL INFORMATION (use separate sheet if required)

Special Diet (If necessary)

Allergies and Drug Reactions

Medical Problems or Handicaps

Medication(s)

Activity Restrictions

Family Doctor

Phone No.

Ontario Health Card No. (including version Code)

Was either parent a White Piner? (Y/N)

(COMPLETE INFORMATION ON REVERSE SIDE)

