



## Registration Form 2010 - July 19-23, 2010

BizKids Camp will be located at the Confederation College, Kenora Campus

### PARENT / GUARDIAN INFORMATION (If different, include mailing address for receipt)

Mrs.  Ms.  Mr.

Name:

Address:

City:

Province:

Postal:

Daytime Phone:

Secondary Phone:

Email:

How did you hear about this camp:

First time participant:  Yes  No

*BizKids Camp 2010 is open to first time participants only.*

### CAMPER INFORMATION (attach additional medical information if needed)

Name:

Birth date:

Age:

Gender:  F or  M

Grade Entering (Fall 2010):

Allow Camper photo for promotion?  Yes  No

Family Doctor:

Doctor's Phone #:

Health #:

Medication:

Special Needs:

Emergency Contact Name:

Emergency Contact Phone Number:

### Additional Registration Information:

If attending with a friend, include their name:

Friends Phone #:

Gender:  F  M

### Disclaimer & Payment Information

I, the undersigned, being the Parent/Guardian of the above-mentioned camper, do hereby consent to his/her participation in the BizKids Entrepreneurship Camp 2010 program and related activities. I understand that BizKids is a program designed to encourage entrepreneurship, creativity and leadership development and will involve some hands-on activities and field trips. I consent to and assume all risks and hazards of, and incidental to, the participation of the above-mentioned camper in the activities of BizKids Camp.

**Fee: \$140.00/per child before June 30<sup>th</sup> - \$150.00/per child after June 30<sup>th</sup>**

Name:

Signature:

Date:

Cheque

Cash

Please make cheques payable to: City of Kenora

### Submit Form to:

Northwest Business Centre

227 Second Street South

Kenora, ON P9N 1G1

Phone: 807-467-4643 Fax 807-467-4647

Email: mike@nwbiz.ca

### Office Use Only

Date Received	Date Paid	Invoice Number/Date Sent