

Family Camp Registration Form

“Celebrating God’s Blessings in Life”

July 31 – August 3

30th Anniversary Reunion Celebration Aug 1st

Responsible Family Member

First Name: _____

Last Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone Numbers – Home: _____

Daytime: _____ Cell: _____

Number in your party: _____ Male _____ Female: _____

Other family members:

1. First name: _____ Age: _____

Alberta Health Care No.: _____ Gender: _____

2. First name: _____ Age: _____

Alberta Health Care No.: _____ Gender: _____

3. First name: _____ Age: _____

Alberta Health Care No.: _____ Gender: _____

4. First name: _____ Age: _____

Alberta Health Care No.: _____ Gender: _____

5. First name: _____ Age: _____

Alberta Health Care No.: _____ Gender: _____

6. First name: _____ Age: _____

Alberta Health Care No.: _____ Gender: _____

Note: If you have an RV and are willing and able to come with it for accommodation, please do so. Also, please feel free to come with tents if you so desire. Limited RV service locations available on the property. Non-serviced locations available for many more RVs or tents. Please indicate below if applicable.

1. Will you be coming with an RV or tent? Yes No

2. Do you require a serviced location? Yes No

Please indicate if you will be coming for partial weekend and what days you will be here for

Please indicate if you are coming for the daytime only Friday-Monday and do not need accommodation Yes No

Emergency Contact Information

Name: _____

Phone #: _____

Donations will be accepted during the camp in lieu of a registration fee. Suggested donation is \$150/person or \$350/family for full weekend with accommodations. Saturday only \$20.00/adult \$15.00/child age 5-12.

Any questions? More information? Contact us:

Phone: (403) 773-7802 / Fax: (403) 773-7803

E-mail: tonyp@salemacres.ca

Visit us at www.salemacres.ca

Medical Information

1. Please tell us about any existing medical conditions that any member of the family coming to camp has: _____

2. What medications will any family member be taking while at camp? _____

3. Does any family member have allergies? If so, please tell us about who has them and how they are treated: describe. _____

We will be conducting a silent auction as a fundraiser for Salem Acres from Friday to Saturday night if you would like to bring something to donate for the auction it would be much appreciated (new items or handmade crafts & memorabilia)

Lois Wooden has worked very hard on compiling and producing a hard cover history of Salem Acres entitled “A Peace of God” it is about 240 pages and is full of pictures stories and history of the last 30 years at Salem. If you would like to pre-order one of these books for \$75.00 phone Lois Wooden at 403 773 3708 before May 30th. There will be a limited number available at camp or you can order then.

Consent

By signing this registration you agree to the following statements:

1. **Medical** – You give SABC and its staff members the permission to proceed with emergency medical treatment in the event we cannot contact you in the time available. We may authorize medical personnel to proceed with treatment.

2. **Liability** – You will not hold SABC, its staff members or volunteers liable for any accident in which loss or damages may occur. You waive the right to proceed with any and all actions against Salem Acres Bible Camp, its staff and volunteers for any incident, including those caused by negligence on our part.

3. **Use of Photos** – You give SABC permission to use photos taken during camp by SABC staff and volunteers for promotional purposes.

Responsible Family Member Consent

Name: _____

Signature: _____

Date: _____

Mail complete registration with payment to:

Salem Acres Bible Camp

P.O. Box 84129, Market Mall RPO

Calgary, AB T3A 5C4



We are unable to accept phone registrations.

Registrations can be completed online at www.salemacres.ca.