



# CAMP PONACKA

1674 Killoran Rd. RR #4 Peterborough, ON K9J 6X5  
Tel: 705-748-9470 • Fax: 705-748-3880  
Email: info@ponacka.com • Website: www.ponacka.com

FOR OFFICE USE

JULY		AUGUST

## CAMPER/CIT APPLICATION FORM

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Popular Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age at camp: On July 1st, he will be \_\_\_\_\_ years and \_\_\_\_\_ months old.  
(DAY, MONTH, YEAR)

Camper's Home Address: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ This will be his \_\_\_\_\_ year at Ponacka. Grade: \_\_\_\_\_

School now attending: \_\_\_\_\_ Next year's school: \_\_\_\_\_

### CAMP SESSION REQUESTED:

July 4 weeks \_\_\_\_\_ August 4 weeks \_\_\_\_\_ (boys age 8-15)

July first half \_\_\_\_\_ July second half \_\_\_\_\_ (boys age 8-9 as of July 1st)

August first half \_\_\_\_\_ August second half \_\_\_\_\_ (boys age 8-9 as of July 1st)

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Firm's Name: \_\_\_\_\_ Firm's Name: \_\_\_\_\_

Work telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

Receipt for tax purposes should be made out to: \_\_\_\_\_

If there is a separation, please explain living arrangements and who is legally responsible for the camper:

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Home address and phone of parent ( if different from camper):

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A Medical History form along with other information will be sent to you in the spring. Please outline any special information you wish to share with us at this time:

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How eager (or reluctant) is your son to attend camp?

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Please name boys he would like in his group:

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## FOR FIRST TIME CAMPERS ONLY

Please enclose a small photo of your son.

What other camps ( if any) has he attended and when?

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Name of person who told you about Ponacka:

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How did you discover Ponacka?

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Name of family or friends who have had Ponacka connections:

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## FOR OUR MAILING LIST

We would greatly appreciate the names of families who might be interested in sending a son or grandson to Ponacka.

Boy's name: \_\_\_\_\_ Age: \_\_\_\_\_ Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

Boy's name: \_\_\_\_\_ Age: \_\_\_\_\_ Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_

I have read the Payment and Refund Policy and agree to the conditions outlined. Enclosed is my deposit and installment cheque. I appoint the Camp Director or his/her officials as my agent to engage medical or surgical services and hospitalization, if deemed advisable and assume responsibility for all medical expenses incurred on behalf of my son.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_