



Come Play on Our River Day Camp
 263 Main Street, Doaktown, NB E9C 1A9
 TEL: 506-365-7787 / FAX: 506-365-7359
 Email: comeplay@nb.aibn.com
 Facebook : *Come Play on Our River*

REGISTRATION FORM

FULL NAME OF PARENT OR GUARDIAN (please print):

MAILING ADDRESS (please print):

TELEPHONE NUMBER (please include area code):

Home: _____ Cell: _____ Work: _____

EMAIL ADDRESS: _____

CHILD'S NAME (please print):

DATE OF CAMP WEEK – PREFERRED: _____

DATE OF CAMP WEEK – ALTERNATIVE: _____

I AM ENCLOSING (please check where appropriate):

- | | |
|---|---|
| <input type="checkbox"/> REGISTRATION FORM | <input type="checkbox"/> DAY CAMP AGREEMENT, CONSENT & WAIVER |
| <input type="checkbox"/> CAMPER'S PROFILE | <input type="checkbox"/> STOREYTOWN COTTAGES WAIVER FORM |
| <input type="checkbox"/> MEDICATION RELEASE | <input type="checkbox"/> TEMPORARY CAREGIVER INFORMATION |
| <input type="checkbox"/> CHEQUE (\$125 per week per child made payable to <i>The Atlantic Salmon Museum</i>) | |

HOW DID YOU HEAR ABOUT OUR *COME PLAY* PROGRAM?

- | | |
|--|--|
| <input type="checkbox"/> School Handout | <input type="checkbox"/> Forum, Conference, Convention |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Website |
| <input type="checkbox"/> Tourism Information | <input type="checkbox"/> Newspaper, Radio |
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Other |

**PLEASE FORWARD THIS COMPLETED REGISTRATION FORM WITH
 YOUR CHEQUE AND ALL OTHER FORMS (AS APPROPRIATE) TO:**

**ATLANTIC SALMON MUSEUM
 263 MAIN STREET
 DOAKTOWN, NB E9C 1A9**

[Confirmation will be mailed or emailed to you as quickly as possible]