



COME PLAY ON OUR RIVER

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):

- REGISTRATION FORM
- DAY CAMP AGREEMENT, CONSENT & WAIVER
- CAMPER'S PROFILE
- STOREYTOWN COTTAGES WAIVER FORM
- MEDICATION RELEASE
- TEMPORARY CAREGIVER INFORMATION
- CHEQUE (\$125 per week per child or \$120 for two or more from the same family made payable to *The Atlantic Salmon Museum*)

HOW DID YOU HEAR ABOUT OUR COME PLAY PROGRAM?

- School Handout
- Facebook
- Tourism Information
- Word of Mouth
- Forum, Conference, Convention
- Website
- Newspaper, Radio
- Other

PLEASE FORWARD THIS COMPLETED REGISTRATION FORM WITH YOUR CHEQUE AND ALL OTHER FORMS (AS APPROPRIATE) TO THE ATLANTIC SALMON MUSEUM, 263 MAIN STREET, DOAKTOWN, NB E9C 1A9. Confirmation will be mailed or emailed to you as quickly as possible. WE WOULD APPRECIATE RECEIVING ALL FORMS AND PAYMENT AT LEAST ONE WEEK PRIOR TO THE BEGINNING OF YOUR CHILD'S WEEK AT CAMP.