



# CAMP PONACKA

1735 Fifth Line, Selwyn, ON K9J 6X5  
 Tel: 705-748-9470  
 info@ponacka.com • www.ponacka.com

## CAMPER (CIT) APPLICATION

PLEASE PRINT

FOR OFFICE USE

JULY		AUGUST
Adventure Program		

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ On July 1st, he will be \_\_\_\_ years and \_\_\_\_ months old. This will be his \_\_\_\_ year at Ponacka.  
DAY MONTH YEAR)

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

Postal Code: \_\_\_\_\_ Telephone: ( \_\_\_\_\_ )

Family E-mail Address: \_\_\_\_\_ Currently in Grade: \_\_\_\_\_

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

### CAMP SESSION REQUESTED:

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

July first half \_\_\_\_\_ July second half \_\_\_\_\_ (age 7-9 as of July 1st)

August first half \_\_\_\_\_ August second half \_\_\_\_\_ (age 7-10 as of July 1st)  
 (In August, only first year 10 year old campers are eligible for a 2 week session)

**NOTE:** For **FIRST YEAR** campers, please enclose a small photo of your son

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

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

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

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

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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

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

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

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

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

Please name boys he would like in his group:

I have read the Payment and Refund Policy and agree to the conditions outlined. Enclosed is my deposit. 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: \_\_\_\_\_

## 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 first & last name: \_\_\_\_\_ Age: \_\_\_\_\_ Parents Full Names: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Boy's first & last name: \_\_\_\_\_ Age: \_\_\_\_\_ Parents Full Names: \_\_\_\_\_

Address & Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

## FOR FIRST TIME CAMPERS ONLY

*Please remember to enclose or email to us a recent photo of your son!*

Why did you choose Ponacka? \_\_\_\_\_

If your son is a 2nd or 3rd generation Ponackian, which tribe does he belong to? \_\_\_\_\_

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

How was his experience? \_\_\_\_\_

How did you discover Ponacka? If referred, please tell us by whom. \_\_\_\_\_

Name of family or friends with Ponacka connections: \_\_\_\_\_