



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 2 weeks _____ July second 2 weeks _____ (age 7-9 as of July 1st)

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

July 1 week (July 1-7th or 8-15) _____ August 1 week (August 2-8th or 9-15) _____
(Please write in the week requested. For boys entering Grade 2 in September 2022. Please include a photo of your son!)

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

Parent's Name: _____ Parent'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: _____