

Storybook Stables Summer Camp 18457 Rte 2 Brookfield PEI Canada C0A 1Y0 Tel: (902) 621-2029



www.storybookadventures.ca storybookstables1@hotmail.com

Student's Name			
Parent's Name			
Address			
City	Province	Postal Code	
E Mail Address			
Telephone: Area Code	Bus	Res	
Student's Birthday	Age	Sex	
Allergies/medical conditions	S:		
week, ages 11-16 & TINY TOT, a	ges 4-7) - One week \$285 + k/child); three-day camp Au	4 (JUNIOR week ages 5-10, SENIOR HST = \$324.90 (\$265+HST = \$302.10 g. 17–19 = \$200+HST = \$228	
		30 p.m. Ages: 5 and up each additional week/sibling)	
Week(s):	Week(s):		
NEW! NATURE, AF	RT & MOVEMENT CAME ST =\$159.60 additional wo	P 8:30 a.m. – 4:30 p.m. eek/child) Jr ages 5-9, <mark>Sr 10–16</mark>	
Payment can be made by ca payments will include a two Please make cheques payable deposit (per camp) holds yo	percent processing fee e to Storybook Adventure	es. A \$50 non-refundable	
1) Enrolment may be cancelled t deposit) will be refunded. Refund medical reasons, accompanied by Registrations are open until ca	ds will not be made for cand by a doctor's certificate.	d the application fee (less the sellations after this date, except for	
3) No reduction in fees is allowed which they are registered – whet	d for campers arriving late,		
I desire my child to participate in in writing. I agree that, having tak advisable, you shall not be held r	ken such precautions as in		
Signature Parent/Guardian		Date	