

Summerfest Registration Form

Date: _____

Names: _____

Address: _____

Postal Code: _____

Telephone: _____

E-mail address: _____

Number of tents: _____

Adult occupants: _____

Children under 12: _____

or: Trailer or RV size: _____

Number of nights staying: _____

Check one of the following: where do you prefer to set up your camp site?

Adult section _____

Family section _____

No preference _____

Estimated time of arrival in camp: _____

Do you have any health conditions or allergies of which we should be aware in case of an emergency?

Be sure to bring your Alberta Health Care card.

Payment by:

Cash

Cheque (payable to Covenant of Gaia Church of Alberta)