

Camp Arnes Homecoming Registration

May 15 - 18, 2009

Name _____

Address _____

City _____ Prov. _____ PC _____

Phone _____ Email _____

How were you involved with camp? _____

What year(s) were you involved? _____

Please indicate the number of people attending in each age category:

0-4 _____ 5-10 _____ 11-17 _____ 18+ _____

Accommodations Requested - Please indicate 1st and 2nd choices

Cedar Lodge _____ Poplar Grove _____ Chalet _____
Cabins _____ RV _____ Tent _____

Length of Stay

- Full Time (Friday evening to Monday afternoon)
 Part Time (Saturday morning to Sunday afternoon or Sunday morning to Monday afternoon)
 Saturday Only Sunday Only

Please note: In order to allow as many people as possible to attend, it may be necessary to share a room/unit with other people. We encourage you to find friends and family members who would like to attend, and register for the same accommodations.

We would like to room with _____

Transportation

Please indicate how many spaces on the bus you would like to reserve.

_____ Bus to camp Saturday _____ Bus to camp Sunday
 _____ Bus to Winnipeg Saturday _____ Bus to Winnipeg Sunday



Please enclose full fee or a non-refundable deposit of \$20.

Full Fee enclosed \$ _____ Deposit enclosed \$ _____

- Cash Cheque (make cheques out to Camp Arnes) Visa Mastercard

Credit Card # _____ Expiry _____ Signature _____

Return Registration Forms to Camp Arnes-60th Anniversary • Box 40 • Arnes, MB R0C 0C0 by May 1, 2009

Office Use Only

Date Received	Fee	Bus	GST	Deposit	Balance	Accommodation

