

Leadership Quest

Meet leaders. Explore leading. Discover leadership.



2017 Camp Registration Form

OTTAWA: August 21 to 25, 2017 OAKVILLE: July 10 to 14, 2017

\$285 plus HST. Family discount of \$25 per additional camper.

One camper: \$322.05 Two campers: \$615.85 Early drop-off/late pick-up add \$60 plus HST (\$67.80) per camper.

Street Address: _____

City: _____ Postal Code: _____

Mother Information

First Name: _____

Last Name: _____

Daytime Phone: _____

Evening Phone: _____

Mobile Phone: _____

Father Information

First Name: _____

Last Name: _____

Daytime Phone: _____

Evening Phone: _____

Mobile Phone: _____

Primary Email Address: _____

Emergency Contact (other than Parent)

First Name: _____

Last Name: _____

Daytime Phone: _____

Relationship to Child: _____

Camper #1

First Name: _____

Last Name: _____

DOB (m/d/y) & Age: _____

Male: Female:

Completed Grade _____

(as of July 1): _____

School _____

Medical Yes

Conditions/Allergies: No

(must check one)

Provide us with medical information (allergies, disabilities, etc.) about your child, if applicable.

Camper #2

First Name: _____

Last Name: _____

DOB (m/d/y) & Age: _____

Male: Female:

Completed Grade: _____

(as of July 1): _____

School _____

Medical Yes

Conditions/Allergies: No

(must check one)

Provide us with medical information (allergies, disabilities, etc.) about your child, if applicable.

I hereby release, waive and forever discharge School of Leadership, amonavi consulting group inc., Sapis Insight Inc., Joshua Creek Heritage Art Centre and their Presidents and employees of and from all claims arising from participation in any activity unless such injury, loss or damage is caused by the sole negligence of School of Leadership/amonavi consulting group inc. or its employees while acting within the scope of their duties. I, the Parent/Guardian, agree that any photographs or digital video taken by School of Leadership staff or campers may be used in any future advertisement or promotion of School of Leadership.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

PAYMENT: On-Line Cheque Cash Visa MC AMEX

payable to: amonavi consulting group inc.

Contact Us:

Online: www.SCHOOLofLEADERSHIP.ca e-mail: darla@amonavi.com

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