



SUMMER SLEEP-OVER CAMP HOSTYN APPLICATION 2018

(Camp was founded in 1954. For more information see our web: www.hostyn.org & [www.youtube: Camp Hostyn](http://www.youtube.com/CampHostyn))

Parent/Guardian Name _____

Address: Number and Street _____

City: _____

Province (State): _____

Postal Code: _____

Home Phone _____ Work Phone: _____ Fax: _____

Cellular (Mobil) Phone: _____ E-mail: _____

Emergency Contact Person _____ Emergency person's Phone: _____

Name of child (must be 6 to 16 years old)	Gender (Male or Female)	Date of Birth	1 st week July 1 to July 7	2 nd week July 8 to July 14	3 rd week July 15 to July 21	Understands English, French, Czech, Slovak	Can swim YES - NO

Parent or Guardian Consent

All children above are in good physical and emotional health, and amenable to normal camp authority. They are not allergic to any meal, do not take any medicaments or drugs and are not oversensitive to insect bites.

I, as a parent or guardian, am responsible for payment of fees and any other expenses incurred by my child.

Permission is granted for my child to participate in all Camp Hostyn activities.

Permission is granted to provide medical/hospital attention to my children, if needed.

I guarantee that all children will have valid medical/hospital insurance with 100% coverage. I understand that without proof of such insurance, my children cannot be admitted to the camp.

If any child is sent home for misbehaving or sickness, or for family reasons, I will accept all associated costs and understand that camp tuition fee will not be reimbursed.

Permission is given for the Hostyn Association to use any photograph of my child or video for promotional material.

I have legal custody of the child applying to Hostyn Camp and the legal right to sign this application form.

SIGNATURE OF PARENT OR GUARDIAN: _____

Camp Fee (in Canadian \$)

The fee is \$395/1 week, \$765/2 weeks and \$960/3 weeks. For each additional child from the same family, there is a discount of 10%. There is no tax to be paid by you! The parent/guardian is responsible for the transportation of a child to the camp and back home. A minimum deposit of 100 CAD must accompany each application. In the case of cancellation prior June 15, a cancellation fee of \$20/child is deducted. The balance must be paid before June 15. After June 15, no refund will be possible. If you are a **member of the Hostyn Association** (annual fee is \$20), there is a discount of \$25 for the first child. Anybody can become a member. The application is or will be soon on the web or contact us.

Transportation from the P.E. Trudeau Airport

The fee for the transportation to the camp and back is 150 CAD for the first child plus 50 CAD for each additional child traveling on the same plane. Fee includes airport taxes and parking.

I request this service (circle): YES NO

Additional features: For fishing add \$50.00 for license or buy your own license.

Medical/Hospital insurance

Copy of the insurance card should be enclosed with your application. The original of the insurance card must be brought by child on the arrival.

Payment

I enclose a check/money order in the amount of: \$ _____ Balance payable is \$ _____

Send the application form to Hostyn Association:

By mail to: 8970 Marie-Victorin, Brossard, Quebec, Canada J4X 1A3 or by fax: 1-450-923-4159 or by e-mail: camphostyn@gmail.com. Check or money order must be sent by mail. You may also pay by interact using the internet (see www.hostyn.org).

Additional Information:

RNDr. Josef Maxant, Director of Children's Camp, tel. 450-465-4844, camphostyn@gmail.com; Deputy Director Franta Kastanek MSc., tel. 514-913-1030, or Viera Seben Secretary, tel. 514- 385-5153, hostyn@live.com Tel. to the Camp during the summer is 450-222-2006.