

 Please fill out form and return with \$50.00 to Two By Two Me & You (100, 3201-43 Avenu, Stony Plain) or email form and e-transfer summerfun@twobytwomeandyou.com

Name:		July 5th-9th INTO THE WILDERNESS
Male Female		8:30-11:30am
Birth Date:///		☐ July 12th-16th SUMMER OLYMPICS 8:30-11:30am ☐ 12:30-3:30pm ☐
Parents:		☐ July 19th-23rd MY HOME 8:30-11:30am ☐
Home Address:		
City:	Prov: Postal Coo	de:
Home Phone #	Email:	
Mother's Work #	Cell #:	
Father's Work #	Cell #:	
Mother's Occupation:		
Father's Occupation:		_
Person to contact in case of emergen	ncy (other than parents):	
Name:	Relationship:	Phone:
Doctor's name:		Phone:
Special medical conditions/allergies:		pecial Instructions:
	ne doctor listed above, or to a ne	take my child offsite for walks; visit local busi- arby emergency room for treatment 3) take ion
Signature:		Date:
	ation is non-refundable and will s o pay the camp fee of \$175.00 on	ecure a space in the week of my choice

Check the week/time you prefer: