

For Office Use Only
 Date Received _____
 Deposit Amount _____
 Date Deposited _____
 1st Installment Amount _____
 Date Deposited _____
 Balance Amount _____
 Date Deposited _____

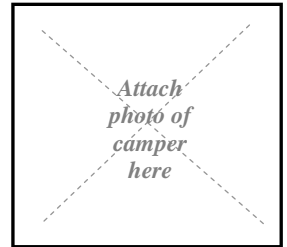


P: 416-482-2600/1-800-701-3132
 www.wahanowin.com

2010

CIT APPLICATION FORM

56th WAHANOLICIOUS SUMMER OF EXCITEMENT



APPLICANT INFORMATION

(Please print clearly and complete both sides – this is the camp's permanent record)

Camper Name: _____ Date of Birth: ____/____/____
First Last Month Day Year

Home Address: _____
Street City Province/State Postal/Zip Code

Home Phone #: (____) _____ Fax #: (____) _____ CIT Cell #: (____) _____

School: _____ Grade (completing in June 2010): _____

Father's Name: _____ Work Phone #: (____) _____ Cell #: (____) _____

Mother's Name: _____ Work Phone #: (____) _____ Cell #: (____) _____

Email Address (Parents): _____ Email Address (CIT): _____

Emergency Contact: _____ Relationship to CIT: _____

Home Phone #: (____) _____ Work Phone #: (____) _____

Any medical condition, daily medication requirements, etc.? Please explain _____

Health Card Number: _____ Version Code _____ (if applicable) # Years at Wahanowin: _____

Doctor's Name: _____ Phone #: (____) _____

NOTES/POLICIES

- If you have not attended Wahanowin before proof of age and school grade is required (please attach copy).
- CIT's are not permitted to smoke at camp.
- CIT's are not permitted to *have, use, or be associated* with drugs or alcohol at any time during the summer.
- CIT's may not have or use cell phones at camp. CIT's may not use any phones unless given permission from a Camp Director.
- Confiscated contraband items (as outlined in the Wahanoguide) will not be returned during or after camp.
- CIT's must adhere to all policies as outlined in the Staff/CIT manual (a copy can be obtained at any time on our website at www.wahanowin.com or a copy can be mailed to you upon request).

RATES AND DATES

- Monday, June 28 to Friday, August 20, 2010
- \$7,100.00 - Includes the full program as set out in our material
- Additional Charges: \$325.00 - CIT excursion fee (Killarney Canoe/Hiking Trip, White Water Rafting: Ottawa River, Canada's Wonderland, Wasaga Beach, Weekly Orillia Outings). Laundry \$170.00. There is no additional charge to CIT's for return bus from Toronto, baggage or tuck. Email Service \$30.00 (optional). Parents can access the service through our website www.wahanowin.com or www.bunk1.com and require a login and password. ***E-mail login instructions will be sent by mail prior to the summer.**
- Yes, please sign me up for the E-mail service and add the applicable charge to my account.
- All charges are subject to 3% PST and/or 5% GST.

TERMS OF PAYMENT

- \$750.00 deposit due with application (refundable up to March 1st less administration charge)
- \$2,500.00 due by April 1st and balance due by May 15th
- *New* Payment Plan option:
 Installment Payment Plan: \$750.00 deposit with application. Balance to be paid in 6 equal payments on the 15th of each month (January-June).
- Charge deposit and 6 equal payments to my credit card / Post-dated cheques are attached.

REFUNDS

- *Until March 1* - Parents or Camp Directors may cancel this application with a refund less \$250.00 administration fee.
- *March 2 to May 15* - Withdrawal penalty is \$500.00
- *May 16 to June 19* - Withdrawal penalty is \$750.00
- *From June 20 to August 14* - 50% of camp fees for any unused portion are withheld. Campers that shorten their session will be charged according to the shorter session fee.
- **NO** refunds will be issued if a CIT leaves camp for breach of policy, including but not limited to those above in regards to smoking, alcohol or drug use.
- CIT's who anticipate having to go to summer school should advise us as early as possible.

CREDIT CARD AUTHORIZATION

I authorize Camp Wahanowin to automatically put the following charges on my credit card:

- Deposit only (\$750.00) Deposit, April 1st Installment (\$2,500.00) & May 15th Installment (balance) Installment Payment Plan (see Terms of Payment for details)

Card Holder's Name: _____ Signature: _____ Date: _____

____ Visa ____ MasterCard Credit Card Account Number: _____ Expiry: _____

PREVIOUS CAMP EXPERIENCE

Name of Camp _____

Location _____

Years Attended _____

SWIMMING ABILITY

Please indicate highest completed swimming level: _____

Please indicate the swimming level you would like to complete: _____ Bronze Medallion _____ Bronze Cross _____ NLS
A minimum of Bronze Medallion is required for all waterfront specialty areas. Preference is given for higher qualifications.

Would you be interested in taking a CPR and/or First Aid course if offered at camp? _____ Yes _____ No

CABIN GROUPING REQUESTS

Please note that campers are grouped according to the order in which applications are received and are based upon grade and age. Placements are done at the discretion of the Director, although all requests are taken into consideration. We are unable to honour negative requests unless all parties are notified - please don't put the camp in this unfair position.

First Choice (one person only) _____

Additional Requests (3 maximum) _____, _____, _____

TRANSPORTATION

Toronto Bus Other Comments _____

SPECIAL DIET REQUIREMENTS

Vegetarian Lactose Intolerant Nut Allergy Other Comments _____
 Kosher Meat (Additional charge \$100.00)

SPECIALTY PLACEMENTS

The specialty placement program gives CIT's the opportunity to see what it is like to be a specialist. CIT's may choose up to 2 specialty areas they wish to learn more about during the summer. A CIT will spend several days in each area. During each specialty placement, the CIT can improve their skills and will assist in teaching. No special skills on the part of the CIT are necessary to take part in this program. CIT's must declare by the end of camp, at least one specialty area they feel qualified to instruct as a staff member for the following summer.

Please indicate **2** choices from the following list of specialty areas.

- | | | | |
|---|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Ropes Course | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Golf | <input type="checkbox"/> Sail | <input type="checkbox"/> Trapeze |
| <input type="checkbox"/> Boogie Boarding (Surf) | <input type="checkbox"/> Mountain Biking | <input type="checkbox"/> Sports | <input type="checkbox"/> Waha Cafe |
| <input type="checkbox"/> Canoe Tripping | <input type="checkbox"/> Pottery | <input type="checkbox"/> Swimming | <input type="checkbox"/> Waha Radio |
| <input type="checkbox"/> Canoe/Kayak | <input type="checkbox"/> Riflery | <input type="checkbox"/> Tennis | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Dance | | | <input type="checkbox"/> Woodworking |

1st Choice: _____

2nd Choice: _____

REFERENCES

Give the names of three persons who you know and we can contact for a reference. Your references should be former employers, coaches, teachers, etc., not friends or relatives. If you have been at any other camp, please include the names of the Directors.

Name	Organization/Position	Phone Number
_____	_____	() _____
_____	_____	() _____
_____	_____	() _____

MEDICAL PERMISSION

If for any reason my child requires medical attention beyond that furnished by the Camp or by my own personal health insurance, I agree to be responsible for any additional expenses incurred. I also give the Director the authority to act on my behalf in case of a medical emergency.

Signature of Parent or Guardian: _____

Date: _____

IF ACCEPTED FOR ENROLLMENT AS A CIT

We, the applicant and parent or guardian, accept all terms and conditions set forth in this application form and outline and agree to abide by camp regulations and to co-operate with the Camp Directors and staff members contributing to the success of the CIT Program. The Directors reserve the right to expel CIT's for violation of the above pledge without returning any part of the fees or extras paid. We understand that applications are accepted in the order in which they are received and that no application can be considered without the accompanying deposit of \$750.00 to be applied to the above camper's account. I also consent to allow Camp Wahanowin to use my child's photograph or video image for publicity purposes.

Signature of Parent or Guardian: _____

Date: _____

Signature of 2nd Parent or Guardian required in a divorce or separated joint custody family: _____

Date: _____

Signature of Applicant: _____

Date: _____