

SPRING WORK PARTY REGISTRATION FORM
FRIDAY-SUNDAY, MAY 2-4, 2008

Family Last Name _____

Participant name	Age	Food preference: Vegetarian/other
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Attach a separate sheet for more family members.

Mailing address _____

Phone: _____ Cell Phone: _____ Email: _____

Please register my family for the:

Spring Work Party \$30 per person # people _____ Total \$ _____

PUBLICITY AUTHORIZATION

By participating in Canoe Island French Camps, I consent and authorize Canoe Island French Camp to use my or my child's photograph for educational and public relations purposes related to the Camp.

Please make check or money order for full tuition and donation payable to CIFC and mail to:

Canoe Island French Camp
PO Box 370
Orcas, WA 98280.

For more information call Canoe Island French Camp at 360.468.2329 or email questions to info@canoeisland.org.

I understand and certify that my or my child's participation in Canoe Island French Camp and its activities is completely voluntary, and I have familiarized myself with the Camp's program and activities in which my child will be participating.

I recognize that certain hazards and dangers are inherent in the Camp events and programs that include, but are not limited to, swimming, fencing, bicycling, hiking, various kinds of boating, archery, athletic competition, vehicular and boat travel (whether provided by the Camp or contracted,) even when safety rules and precautions are followed. I further have instructed my family in the importance of knowing and abiding by the Camp's rules, regulations, and procedures.

I have read, understand and agree with all the information on this form.

Signature: _____ Date _____