



COMMUNITY SERVICES

Summer Splash Registration Form

This form is for registration information only – it is not a confirmation of registration. Please keep your receipt as proof of registration.

Participant #1:				
Last Name:		First Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Town:		Postal Code:
Home Phone Number:		Alternative Number:		Email:
Birth date:		Parents/Guardian's Name:		

Camp Information	I have registered for Summer Splash 8am-5pm on the following dates \$27/day (circle days)	July 3-6	July 9-13	July 16-20	July 23-27	July/Aug 30-3	Aug 7-10	Aug 13-17	Aug 20-24
		T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	T W Th F	M T W Th F	M T W Th F

Participant #2:				
Last Name:		First Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>
Address:		Town:		Postal Code:
Home Phone Number:		Alternative Number:		Email:
Birth date:		Parents/Guardian's Name:		

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		M T W Th F	M T W Th F	M T W Th F	M T W Th F	M T W Th F	T W Th F	M T W Th F	M T W Th F

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of Section 32 of the Alberta Freedom of Information Act for the purpose of administering Community Services Programs for the Town of Slave Lake.

“WORKING TOGETHER, BUILDING A BETTER COMMUNITY”

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