

WABI - RETURN 2009

AT CAMP - AUGUST 28/29/30

Staff & CIT Alumni Reunion Weekend Registration Form

EARLY BIRD BONUS!
Register and pay in full by April 1st and receive an awesome Wabi Backsac!

Name:

First Last Name while you attended camp if different

Address:

Street City Province/State Postal Code Country

Phone #:

() () E-mail: _____
Home Mobile **!!Important!!**

Years at Wabikon:

_____/_____
Staff (eg. 83,85,87 for individual years or 83-87 for consecutive years) CIT

Cabin Request: _____

♦ We will do our best to meet all requests but reserve the right to make cabin assignments as we see appropriate.

✳ How many to attend? (bring your significant other - we look forward to meeting them!)

Adults _____ Children _____ Total: _____

♦ Please complete a separate form for each Wabi Alumni ♦

♦ Please help us welcome your guests by including names on the back of this form and indicating their relation to you ♦

✳ I plan to arrive by 8pm Friday for dinner Yes No (If no, when will you arrive? _____)

✳ I have specific dietary needs. Vegetarian Lactose Intolerant Other _____

Terms & Conditions

1) I understand that I am responsible for the well-being and supervision where necessary of any guest - adult or child, that I chose to bring with me to this event and agree to uphold appropriate behavior in accordance with Camp Wabikon Rules and Regulations.

2) I understand that the management reserves the right to dismiss any individual from the camp property should his/her actions be deemed unsafe or inappropriate.

3) I hereby release and forever discharge Camp Wabikon and all of its servants, agents and employees from all liability arising from my attendance at the reunion weekend including, but not limited to, participation in any and all camp activities. I acknowledge that any activity involves risks and hazards and I assume such risk on behalf of myself and any individual attending as my guest.

4) I have read and agree to the conditions of registration above and enclose herewith a deposit of \$75.00 for each indicated adult to attend. The balance of the fee will be paid on or before May 1st. Any cancellation after this date will result in a refund minus a \$25.00 administration fee. **The cost for the weekend is \$125/adult (staff's children are free)**

Signature: _____ Date: _____

Please make all cheques payable to **Camp Wabikon** and return with this completed form to:

Wabi-Return 2009 - Camp Wabikon - 48 Delhi Ave. Toronto, ON M5M3B7

E-mail: reunion09@wabikon.com Phone: (416) 483-3172 Fax: (416) 483-4345

CHECK OUT WABIKON'S NEW WEB SITE - WWW.WABIKON.COM