

# The Salvation Army

## NL Division—Twin Ponds Camp

### Mens Provincial Camp 2019 Application Form



- Onsite Registration—\$132.85 (\$115.50+Tax)  
(Cabin limit of 275—First Come, first serve basis)
- Onsite Camper Registration—\$132.85 (\$115.50+Tax)  
(12 Camper Limit—No hookup)
- Offsite Registration —\$120.75 (\$105.00+Tax)

#### Offsite Accommodations Available at the following places.

- ⇒ Camp Emmanuel - Lewisporte - (709) 535-8756
- ⇒ Gander Quality Hotel & Suites - Gander - (709) 256-3931

**Reservations will be your own responsibility.**

Deadline for application is **August 16<sup>th</sup>, 2019.**

Registration Starts at 3:00 PM—September 6<sup>th</sup>, 2019

#### PERSONAL INFORMATION

Last Name		First Name	
Home Address		City/Town	
Province	Postal Code	Camper Email	
Corps	Home Phone Number	Cell Number	

#### Emergency Contact

Primary Contact (Next of Kin) Name:
Home Phone Number:
Work/Cell Phone Number:

I will require transportation to and from the auditorium.

Physical Limitations/Needs: \_\_\_\_\_

Mobility Limitations: \_\_\_\_\_

**We will try to fill ambulatory special needs, as space will allow.**

**Please Return Application and Payment to:**



The Salvation Army Newfoundland & Labrador Divisional Headquarters

**Attn: Jackie Ferguson**

430 Topsail Road, Box 91, St. John's, NL A1E 4N1

Telephone: (709) 579-2022 Fax: (709) 576-7034

**Email: [Jackie\\_ferguson@can.salvationarmy.org](mailto:Jackie_ferguson@can.salvationarmy.org)**



# Medical Form Mens Camp 2019

## Allergies and Other Dietary Needs

Allergic to: Please Specify	Reaction (Please Specify)	Severity (Mild, Medium, Severe)	Treatment/ Medication Required
<b>Medication:</b> (Penicillin, Sulfa, Cephalosporin, Anesthetic, etc)			
<b>Foods:</b> (Eggs, Fish, Nuts, Food dye, Gluten, etc)			
<b>Insects:</b> (Bee stings, Wasp fly bites)			
<b>Environmental:</b> (Pollen, hay, dust)			
<b>Dietary Needs</b> (Diabetic, Vegetarian, Lactose Intolerant, Gluten Free)			

### Consent

I agree to hold The Salvation Army blameless for any accident or injury, which may occur during the course of camp, except in the case of gross or willful negligence, and I agree to indemnify The Salvation Army against medical claims, which may arise from illness, accident or injury. Should I become incapacitated, I hereby give permission to the medical personnel selected by The Salvation Army Camp to secure and administer treatment, including hospitalization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Corps Officers Signature

\_\_\_\_\_  
Date



# 50th Anniversary