STAYNER FAMILY CAMP 2017

Reservation Form



Week 1: Saturday July 29 - Friday August 4

The Civic Holiday Weekend: Friday August 4 - Monday August 7

Week 2: Tuesday August 8 – Sunday August 13

Name:, El	MCC Pastor or Missionary YES
Address:	
City: Province: Postal Code: _	
Home Phone or Main Contact #: ()	Cell: ()
Email:	Fax: ()
Program Rates: Program fees \$30+HST per person per week. Pr	o-rated at \$5+HST per day. (Sundays No Charge)
Number of Adults: Ages of Boys: Age	es of Girls:
Home Church (If applicable):	
Accommodation Selection:	
Arrival Date: (3PM Check-In) Departure Dat	te: (Out by 11 AM)
NOTE: Please make your accommodation selection.	
Stayner Lodge: Choose 1^{st} floor room , 2^{nd} floor room\$80 is for 2 adults in the room. \$10 per additional action	
Cottages #21 & #22 (Housekeeping Units \$72per	night +HST) <i>No pets allowed</i>
Cabins in the rough # (\$40 per night, non houseke	eeping) No pets allowed
Campsite # (\$38 per night for 15 amp, \$40 for 30 amp + HST) <i>3 PM Check-in, Off-Site1 PM</i> Our unit is a: Tent. Tent Trailer – Length House Trailer length	
Pet Site Requested. Pets are only permitted in personal Stayner has specific pet site locati	
Program details are posted on our website as	they are confirmed: staynercamp.ca
Send reservation form to: ECM - Family Camp Reservations 274 13 th Avenue 'A', Hanover, ON N4N 2X4 Fax: 519-364-1714 Email: verlie@ecmCamps.ca Need assistance? Call Verlie at 519-364-1714 until June. In July call the camp 705-428-3504	
No payment is required at this time. Upon confirmation will be emailed to you with payment instructions. PAYMENT After one reminder, failure to pay will not hear the second of the seco	NT IN FULL IS DUE UPON RECEIPT OF INVOICE. old your accommodation choice.
May we send you your invoice by email?	Yes, No, please mail