



Payment Form

Please complete this form and forward it **by April 1, 2019** with payment, Recreational Activities Release Form, Medical Checklist(s); Teen Expectations Form and Allergy Management Form (if applicable) to:

Kate Abel
398707 5th Line
Melancthon, ON L9V 1S3

Please list the names of Campers/Counsellors/Support Staff/Squirts this payment form covers:

Camper Names: _____

Counsellor/Support Staff Names: _____

Squirt Names: _____

	#		=	
Number of Campers		X \$140	=	
				(To a Family Max of \$360 for 3 campers or more)
Number of Counsellors/SS		FREE THIS YEAR ☺	=	-----
Number of Squirts		X \$15	=	
		Donation	=	
		TOTAL	=	

Please note the actual cost per camper is approximately \$170.
Any donations to offset the actual cost are appreciated.

Please check off your method of payment:

Canadian Residents:

- Cheque enclosed payable to Manitoulin Youth Camp
- Email transfer to payment@christadelphianmyc.com
- PayPal (please visit christadelphianmyc.com)

U.S. Residents:

- Cheque enclosed payable to Manitoulin Youth Camp
- PayPal (please visit christadelphianmyc.com)

For financial assistance contact either:
Bro. Ron Cooper (705) 859-3625 rcooper@amtelecom.net
Bro. Ken Styles (734) 525-9827 kenstyles@juno.com