



# CAMP OUAREAU

P.O. Box # 1090, St. Donat, Québec, J0T 2C0  
Tel.: (819) 424-2662 • Fax: (819) 424-4145  
info@ouareau.com • www.ouareau.com

## 90<sup>TH</sup> REUNION WEEKEND – 2011

### REGISTRATION FORM

PLEASE PRINT ALL INFORMATION

LAST (MAIDEN) NAME \_\_\_\_\_  
 FIRST NAME \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ Prov. \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Home Tel: (\_\_\_\_\_) \_\_\_\_\_ Work Tel: (\_\_\_\_\_) \_\_\_\_\_  
 Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

#### **EMERGENCY CONTACT FOR THE WEEKEND:**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 Home Tel: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Do you have any health concerns that we should be aware of that might limit your participation in the program:

YES       NO      If yes please explain \_\_\_\_\_  
 \_\_\_\_\_

Any food or other allergies \_\_\_\_\_

Special Dietary requirements:  Vegetarian  Lactose intolerant      other \_\_\_\_\_

#### **Help us with our archive records:**

First year at Camp \_\_\_\_\_ Last Year at Camp \_\_\_\_\_ Total # of years at camp \_\_\_\_\_  
 I was a camper at Ouareau       I was a CIT at Ouareau       I was a staff at Ouareau  
 I was a tribal chief. What year? \_\_\_\_\_ What tribe?       Algonquin       Iroquois  
 I was an eager beaver. What year? \_\_\_\_\_

### Part A: Cost for 90th Reunion Weekend

**Package # 1 Full Reunion Weekend:** All Meals (Fri. light supper & hearty snack, Sat. continental breakfast, brunch, picnic lunch, banquet, Sun. breakfast & lunch) souvenir welcome package, all activities, DVD of event.

(Arrival Friday after 1:30 pm until Sunday 3:00 pm)      Subtotal \$175.55 (8.78 GST, 15.67 PST) = **\$200.00**

**Package # 2 Day Package either Saturday or Sunday:** Includes picnic lunch, activities, souvenir welcome package, and DVD of event.

**Saturday** (Arrival Saturday any time after 10 am - until 5:00 pm)      Subtotal \$61.45 (3.07 GST, 5.48 PST) = **\$ 70.00**

**Sunday** (Arrival Sunday any time after 9 am - until 3:00 pm)      Subtotal \$61.45 (3.07 GST, 5.48 PST) = **\$ 70.00**

**Package # 3 Saturday Evening Banquet:** Saturday Banquet, souvenir welcome package, DVD of event, Peter Katz Concert & Campfire

**Saturday** (Arrival Saturday any time after 4 pm – until 11pm)      Subtotal \$65.83 (3.29 GST, 5.88 PST) = **\$ 75.00**

## Part B: Costs for Alumnae weekend accommodations

(You can reserve a complete cabin or tent for you & your friends or family. Or you can reserve a single spot in a cabin or tent)

I would like to reserve a cabin or tent for a group or family & I will pay for that cabin or tent.

Members of group: \_\_\_\_\_

I am part of a group \_\_\_\_\_ (group leaders' name), the group leader is paying for our cabin or tent.

- |  |  |                   |
|--|--|-------------------|
| <input type="checkbox"/> Tent without heat or electricity for up to 4  | Subtotal \$100.94 (5.50 GST, 9.01 PST)   | = <b>\$115.00</b> |
| <input type="checkbox"/> Cabin without heat or electricity for up to 4 | Subtotal \$122.89 (66.14 GST, 10.97 PST) | = <b>\$140.00</b> |
| <input type="checkbox"/> Cabin with heat & electricity for up to 4     | Subtotal \$144.83 (7.24 GST, 12.93 PST)  | = <b>\$165.00</b> |
| <input type="checkbox"/> Cabin with heat & electricity for up to 6     | Subtotal \$217.25 (10.86 GST, 19.39 PST) | = <b>\$247.50</b> |
| <input type="checkbox"/> Cabin with heat & electricity for up to 8     | Subtotal \$289.67 (14.48 GST, 25.85 PST) | = <b>\$330.00</b> |

I would like to reserve a place for myself in a cabin or tent

- |  |  |                  |
|--|--|------------------|
| <input type="checkbox"/> Tent without heat or electricity for up to 4  | Subtotal \$25.24 per person (1.26 GST, 2.25 PST) | = <b>\$28.75</b> |
| <input type="checkbox"/> Cabin without heat or electricity for up to 4 | Subtotal \$30.72 per person (1.54 GST, 2.74 PST) | = <b>\$35.00</b> |
| <input type="checkbox"/> Cabin with heat & electricity for up to 4     | Subtotal \$36.21 per person (1.81 GST, 3.23 PST) | = <b>\$41.25</b> |
| <input type="checkbox"/> Cabin with heat & electricity for up to 6     | Subtotal \$36.21 per person (1.81 GST, 3.23 PST) | = <b>\$41.25</b> |
| <input type="checkbox"/> Cabin with heat & electricity for up to 8     | Subtotal \$36.21 per person (1.81 GST, 3.23 PST) | = <b>\$41.25</b> |

**Rental of Bedding** (Sheets, Pillow & Blankets) and towels, Subtotal \$ 21.94 (1.10 GST, 1.96 PST) = **\$25.00**

**Round trip bus to camp & back for min 15 participants**, Subtotal \$43.89 (2.19 GST, 3.92 PST) = **\$50.00**

**(Bus will pick-up on Fri. at Fairview Point Claire Shopping centre at 1:45 pm & Dorval train station at 2:30 pm, Sun return to MTL by 4:45 pm)**

**Part A:** Cost for 90<sup>th</sup> Reunion Weekend = \$ \_\_\_\_\_.

**Part B:** Cost for 90<sup>th</sup> Reunion weekend accommodations, bedding & bus = \$ \_\_\_\_\_.

**Total Cost for 90<sup>th</sup> Reunion Weekend** = \$ \_\_\_\_\_.

I would be interested in a massage during the weekend; sub-total \$30.72 per person (1.54 GST, 2.74 QST) = **\$35.00** (Payment on site)

Payment information is on the last page of this registration form

### List of cabins or tents to choose from

Please select your first three choices; we will do our best to secure your choice (Any cabins marked with a \* are new)

#### **TENTS FOR A MAXIMUM OF 4 WITHOUT HEAT OR ELECTRICITY**

- |                                      |                                   |   |   |                                     |
|--------------------------------------|-----------------------------------|---|---|-------------------------------------|
| <input type="checkbox"/> Bridge Tent | <input type="checkbox"/> Bucheron | <input type="checkbox"/> Claire de Lune | <input type="checkbox"/> Etoile Filante | <input type="checkbox"/> Hippocampe |
| <input type="checkbox"/> Limberlost  | <input type="checkbox"/> Lookout  | <input type="checkbox"/> La Ruche       | <input type="checkbox"/> Tent # 1 D     | <input type="checkbox"/> Tent # 2   |
| <input type="checkbox"/> Tent # 3    | <input type="checkbox"/> Tent # 4 | <input type="checkbox"/> Tent # 5       | <input type="checkbox"/> Tent # 6       | <input type="checkbox"/> Tent # 7   |
| <input type="checkbox"/> Woodlands   |                                   |   |   |                                     |

#### **CABINS FOR A MAXIMUM OF 4 WITHOUT HEAT OR ELECTRICITY**

- Mole End       Pooh Corner       Skyloft

#### **CABINS FOR MAXIMUM OF 4 WITH HEAT & ELECTRICITY**

- |                                    |                                     |                                  |  |                                     |
|------------------------------------|-------------------------------------|----------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Crowsnest | <input type="checkbox"/> Cedar Nook | <input type="checkbox"/> * Haida | <input type="checkbox"/> Halfway House | <input type="checkbox"/> Hollow Log |
| <input type="checkbox"/> Hilltop   | <input type="checkbox"/> Laffalot   | <input type="checkbox"/> LBG     | <input type="checkbox"/> * Libellule   | <input type="checkbox"/> Sr.Bung    |
| <input type="checkbox"/> Sunset    | <input type="checkbox"/> Timbertop  |                                  |  |                                     |

#### **CABINS FOR MAXIMUM OF 6 WITH HEAT & ELECTRICITY**

- |                                    |                                      |                                    |                                    |
|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Boathouse | <input type="checkbox"/> * Cliffside | <input type="checkbox"/> Couch # 1 | <input type="checkbox"/> Couch # 2 |
| <input type="checkbox"/> Wig Wam   | <input type="checkbox"/> Wonderland  |                                    |                                    |

#### **CABINS FOR MAXIMUM OF 8 WITH HEAT & ELECTRICITY**

- |   |                                     |                                     |                                  |
|---|-------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> * Anglers Rest | <input type="checkbox"/> * The Barn | <input type="checkbox"/> * The Cove | <input type="checkbox"/> Owaissa |
|---|-------------------------------------|-------------------------------------|----------------------------------|

## TERMS AND CONDITIONS

Enrolment is subject to the following terms and conditions and the availability of space.

- I agree to follow the policies and procedures set out by the Camp Ouareau administration and enforced by the Camp Ouareau staff.
- I understand that these policies include responsible drinking, and that I am responsible for my actions if I consume any alcohol on site.
- I also undertake to conduct my activities in a safe and careful manner.
- I understand that the camp agrees to provide all the services as outlined in the camp literature.
- I enclose the full amount for the 90<sup>th</sup> Reunion Weekend. I understand that \$25.00 of this is a non-refundable administration fee, once my registration is accepted. In event of cancellation after July 1<sup>st</sup>, 2011 the full amount is forfeited.
- There will be no reduction in or refund of camp fees for participants arriving late or leaving early in any period for which they are registered.
- If any payment is received in a currency other than Canadian Dollars, then conversion into Canadian Dollars shall be made at the time of deposit at the prevailing rate of exchange available to the camp. If the amount of Canadian Dollars received by the camp following such conversions is less than the required fee, then I shall immediately pay such additional amounts as may be necessary to ensure that the full fee in Canadian Dollars is paid.
- A formal acceptance will be mailed to the participant to confirm enrolment, along with any details that are needed e.g.: directions, and tentative schedule.
- If the participant has a potentially life-threatening allergy or food sensitivity, the participant must contact our office prior to completing the form.  
Please note that Camp Ouareau is NOT a peanut-free environment
- Camp Ouareau will not be responsible for any loss or theft of the campers' property.
- Any deviation from the foregoing will be at the discretion of the Camp Director.

Unless I, advise you otherwise in advance in writing, I approve my participation in all of the camp's programs and activities, acknowledging that such participation involves risks and hazard incidental thereto, all of which are expressly assumed by me, and do hereby waive, release and absolve and agree to indemnify and save harmless Camp Ouareau Inc. and its officers, directors, employees, volunteers and agents from any and all liability arising, therefrom, except such as shall arise solely as a consequence of its or their gross negligence or willful default. If for any reason I require medical attention or special medication beyond that furnished by the camp, I agree to be responsible for any expenses incurred. I grant Camp Ouareau permission to use any photos taken of myself in their promotional materials.

SIGNATURE of participant \_\_\_\_\_

Name of participant printed: \_\_\_\_\_ Date: \_\_\_\_\_

## PAYMENT FORM - 2011

I \_\_\_\_\_ choose to pay for the 90<sup>th</sup> reunion weekend at Camp Ouareau by the  
*(Printed Name)*

following payment method:

- Cheque       Money Order       Cash       Bank transfer (\$15 bank fee usually applies)       Credit card

### Credit card information:

Name of Card holder: \_\_\_\_\_ Type of Card:     Visa     MasterCard  
*(First Name - Initial - Last Name)*

Address on credit card account: \_\_\_\_\_ Credit card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiry date: \_\_\_\_\_ / \_\_\_\_\_  
*(Month / Year)*

Telephone # of card holder: ( \_\_\_\_\_ ) \_\_\_\_\_

I, \_\_\_\_\_ authorize Camp Ouareau Inc. to charge my credit card for \$ \_\_\_\_\_ CDN funds.  
*(Card holder's full name)*

The amount stated above will be charged as of: \_\_\_\_\_  
*(dd / mm / yyyy)*

Signature \_\_\_\_\_ Signed on: \_\_\_\_\_  
*(dd / mm / yyyy)*

**YOU MAY FAX IN THIS FORM AT 819-424-4145**

**PLEASE DO NOT SEND ANY INFORMATION FOR CREDIT CARD PAYMENT  
BY E-MAIL AS IT IS NOT A SAFE METHOD OF TRANSMISSION.**