

# CHILDREN'S GATHERING

June 15-17, 2012

Scotian Glen Camp; New Glasgow NS

**Ages:** 7-12 **Fee:** \$40/person—One night only  
\$50/person for 2 nights (TAX included)

**Registration:** 7:00pm Friday

**Departure:** 6:30 pm Saturday or 1:00pm Sunday



## APPLICANT INFORMATION

Please Checkmark: Delegate  Leader  Male  Female

Name: \_\_\_\_\_ Corps: \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (province) (postal code)

Phone: \_\_\_\_\_  
(home) (cell) (work)

E-mail Address: \_\_\_\_\_ Birth Date (D/M/Y): \_\_\_\_\_

## MEDICAL INFORMATION

Allergies: \_\_\_\_\_

Medical Concerns: \_\_\_\_\_  
(Use back if necessary)

Emergency Contact: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Phone: \_\_\_\_\_  
(home) (cell) (work)

## AGREEMENT

### PARENT/GUARDIAN:

I hereby permit this applicant to attend Children's gathering 2012, held at Scotian Glen Camp.

I allow the administration of any emergency medical care that may be required during their stay.

I understand that the applicant will be required to obey all camp rules, participate in all sessions, and listen to the leaders while at camp. Otherwise they risk being sent home.

\_\_\_\_\_  
(Guardian Signature)

\_\_\_\_\_  
(Date)

### LEADER:

I agree to attend all sessions and activities during Children's Gathering 2012.

I allow the administration of any emergency medical care that may be required during my stay.

\_\_\_\_\_  
(Leader Signature)

\_\_\_\_\_  
(Date)

### CORPS OFFICER/PASTOR:

I fully endorse this applicant to attend Children's Gathering 2012 at Scotian Glen Camp.

\_\_\_\_\_  
(Corps Officer/Pastor Signature)

\_\_\_\_\_  
(Date)



Giving Hope Today

### APPLICATIONS DUE AT DHQ June 1, 2012

The Salvation Army Scotian Glen Camp

282-7071 Bayer's Road Halifax, NS B3L 2C2

E-mail: wanda\_vincent@can.salvationarmy.org

Laura\_Jane\_Conrad@can.salvationarmy.org