

Lion Max Simms Memorial Camp PO BOX 760

Bishop's Falls NL A0H 1C0

Phone: (709) 258-5862 Fax: (709) 258-5243 Toll Free: 1-888-MAX CAMP (1-888-629-2267)

Email: max.camp@xplornet.com



CAMP-A-RAMA REGISTRATION

Application Deadline: July 7, 2017

Name Address		_
Phone #	Lions Club:	_
Children's Names:		Ages:
		_
I *Please PRO	PLEASE READ & SIGN PHOTO WAIVER	
Accommodations & FOR EITHER CAM	AND SUBMIT WITH	

ACCOMMODATIONS		
CAMP RV/TRAILER		(CHECK ONE)
Friday	# PEOPLE	X \$40 = \$
Saturday	# PEOPLE	X \$40 = \$
BBQ Saturday	#Steaks	X \$10 = \$
Supper	#Chicken	X \$8 = \$
TOTAL		\$

PLEASE NOTE:

IF YOU SUBMIT AN
APPLICATION FOR
CAMP-A-RAMA AND
YOUR PLANS CHANGE,
PLEASE CONTACT THE
CAMP TO CANCEL.
ACCOMMODATIONS WILL
BE MADE AVAILABLE FOR
OTHERS WAITING TO
ATTEND CAMP-A-RAMA.
THANK YOU!

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All programs are funded through generous donations from Lion, Lioness and Leo Clubs, individuals, service clubs, business, government grants, and foundations. Without these donations we would not be able to offer high quality, fully accessible, recreational programs.

Photo Waiver / Release	
	orial Camp uses photographs and videos for projects that are
	mmercial, educational, research and/or archival in nature. As such,
the camp collects on an ongo	oing basis individual and group photos.
Max Simms Memorial Camp my image, or my child's/dep in camp publications, posters any claim for misappropriation against the camp in respect the may provide these photograp	, waive ownership of any photographic records taken by the Lion of and agree to permit the Lion Max Simms Memorial Camp to use endent's image, (in photograph, digital, or electronic form) for and s, web-site or other media, without limitation, and agree not to make on of personality, breach of privacy, or other loss or damages hereof. I also understand that the Lion Max Simms Memorial Camp ohs for use by a third party with whom the Lion Max Simms to associate with for marketing purposes.
I further agree to inclusion o	f my name or my child/dependent's name(s):yes no
Parent/Guardian Name (please print)	
Parent/Guardian Signature	
Date	_ _