

2017 CAMP INFORMATION

Camp Dates

All camp dates are co-ed for children ages 6-14

~~Spring Break~~

~~Sunday, March 12 – Friday, March 17~~

~~Sunday, March 19 – Friday, March 24~~

NOTE: SPRING BREAK
CANCELLED DUE TO
FAMILY EMERGENCY

Summer

- WEEK 1 Sunday, July 2 – Saturday, July 8
- WEEK 2 Sunday, July 9 – Saturday, July 15
- WEEK 3 **SHORT WEEK** Monday, July 17 – Friday, July 21
- WEEK 4 Sunday, July 23 – Saturday, July 29
- WEEK 5 Sunday, July 30 – Saturday, August 5
- WEEK 6 **SHORT WEEK** Monday, August 7 – Friday, August 11
- WEEK 7 Sunday, August 13 – Saturday, August 19
- WEEK 8 Sunday, August 20 – Saturday, August 26
- WEEK 9 **SHORT WEEK** Monday, August 28 – Friday, September 1

Day Camp (Summer Only)

REGULAR WEEK Monday – Friday

SHORT WEEK Tuesday – Thursday

Check-In / Check-Out

A safety waiver must be signed by a legal guardian upon arrival. Please print sign and the waiver forms from our website to save time on check-in day or if someone else is dropping your child off.

Spring Break Check-in 6-7 pm | Check-out 6-7 pm

Summer Check-in 6-7 pm | Check-out 1 pm

Day Camp Daily: Drop-off 8 am | Pick up 8 pm
(No Day Camp on check-in / check-out days)

- No dinner will be served on check-in day
- Anyone wishing to book two or more consecutive weeks must pick their children up on the check-out afternoon and return them on the following check-in evening

Prices

~~Spring Break~~

~~Per Week \$580~~

Summer

Regular Week (WEEKS 1, 2, 4, 5, 7, 8) \$625

Short Week (WEEKS 3, 6, 9) \$580

Day Camp

Regular Week \$110 (per day)

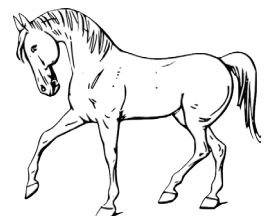
Short Week \$130 (per day)

- All prices include taxes.
- We accept cheque, cash, or e-transfer. We do not take any credit or interac cards. Make cheques payable to Webb's Holiday Acres
- Deposit of \$300 or payment in full. The remainder to be paid 2 weeks before arrival.
- Three or more children from your immediate family booked in will receive \$20 off per child
- Any refunds will be charged \$50
- N.S.F. cheques will be charged \$20
- Your cancelled cheque will be your receipt. If you do not get your cheques returned, we can issue a receipt on check-in or check-out day upon request.

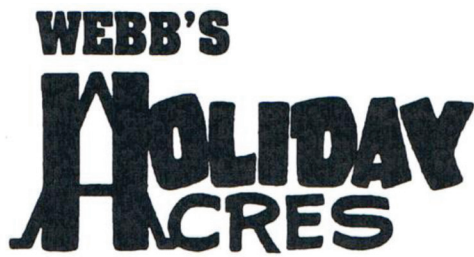
More Questions?

Visit www.webbsholidayacres.ca for detailed info about:

- Driving Directions
- Packing Lists (and What Not To Bring)
- Methods of Payment
- Frequently Asked Questions
- Weekly Activity Schedule
- Safety & Liability Forms
- Photo Gallery & Videos



This page is for your reference. Please circle your dates and keep this page.

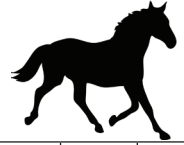


Children's Guest Ranch Ltd.

1128 - 256th Street, Aldergrove, B.C. V4W 2J3
 Telephone: 604-857-1712 • www.webbsholidayacres.ca

RESERVATION FORM

Camp Date: _____



Camper Information

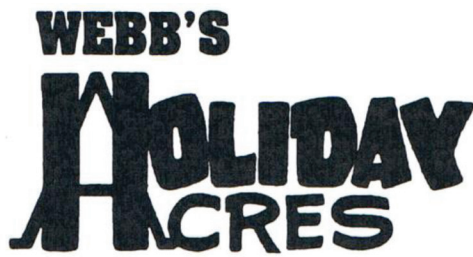
Last Name	Usual First Name	Birthdate (MM/DD/YYYY)	Age	Sex
Street Address		City		
Province / State	Postal / Zip Code	Home Phone		

Contact Information

Name of First Parent / Guardian	Phone Number	Cell / Daytime Phone
Name of Second Parent / Guardian	Phone Number	Cell / Daytime Phone
Name of Alternate Emergency Contact	Phone Number	Cell / Daytime Phone

Medical Information

Medical Number (Care Card)	Doctor's Name	Doctor's Phone
Does the Camper Have Any Allergies?		
Allergy	Reaction severity	Treatment / medication required
.....
Please Mark Any General Health Concerns:		
<input type="checkbox"/> Non-Swimmer	<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> Eating Disorders
<input type="checkbox"/> Homesickness	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures
<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Asthma
<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> F.A.S.
Please note any treatment of the above conditions		
Please Check if Camper Carries:	Does Camper Know How To Use?	Additional Medical Concerns?
<input type="checkbox"/> ANA Kit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> EpiPen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Medical Alert Bracelet	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list medication the child will be taking:		
Medication Name	Dosage	When Administered
.....
.....



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Please list any dietary issues	
Please list any recent operations, injuries, or illness	
Please list activities that should be limited while at camp & reasons	
Does the camp medical personnel have permission to administer over-the-counter medications to your child? (such as Tylenol, antihistamines, antacids, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your child up to date on immunizations?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent or Guardian Declaration

I hereby release Webb's Holiday Acres, its staff and sponsors from responsibility and liability for any injury or illness that this applicant may sustain during this activity. In the event of an emergency, if I am unable to be contacted, I hereby authorize an adult leader of Webb's, as an agent for me, to consent to any x-ray examination; medical or dental treatment; and hospital care advised and supervised at a licensed facility under the laws of the province.

Signature of Parent/Guardian Date

I acknowledge that Webb's Holiday Acres may take photographs of my child, which may be used for promotional purposes only.

Signature of Parent/Guardian Date

I _____ (please print parent/guardian name) have been advised by Webb's Holiday Acres Children's Guest Ranch Ltd. that the use of a properly fitted and secured ASTM (FF1163-88 or later) / SE1 certified protective headgear may reduce the severity of some head injuries or prevent death from happening as a result of a fall or other occurrences.

Signature of Parent/Guardian Date

Additional Information

Is this your first time camping at Webb's Holiday Acres? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, how long have you been attending Webb's Holiday Acres?
How did you find out about Webb's Holiday Acres?	
Please provide us with your email address so that we can send you forms for next year. Your email will not be shared with other parties.	

Mail this reservation form (2 pages) and waivers (2 pages) with deposit or full payment for each week. The balance is to be paid two weeks before arrival. Your spot will be held as soon as we receive deposit or full payment.

Please return as early as possible to ensure your choice of weeks.

Make cheques payable to Webb's Holiday Acres.

Mailing address: 1128 - 256th Street, Aldergrove, BC, V4W 2J3

