



Children's Guest Ranch Ltd.

1128 - 256th Street, Aldergrove, BC V4W 2J3
Tel: 604-857-1712 www.webbsholidayacres.ca guestranch@shaw.ca

2024 CAMP INFORMATION

Camp Dates

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



Summer

- WEEK 1** Sunday, June 30th - Saturday, July 6th
- WEEK 2** Sunday, July 7th - Saturday, July 13th
- WEEK 3 Short Week** Monday, July 15th - Friday, July 19th
- WEEK 4** Sunday, July 21st - Saturday, July 27th
- WEEK 5** Sunday, July 28th - Saturday, August 3rd
- WEEK 6 Short Week** Monday, August 5th - Friday, August 9th
- WEEK 7** Sunday, August 11th - Saturday, August 17th
- WEEK 8** Sunday, August 18th - Saturday, August 24th
- WEEK 9 Short Week** Monday, August 26th - Friday, August 30th

Prices

Summer

- Regular Week (WEEKS 1, 2, 4, 5, 7, 8). . . . \$769
- Short Week (WEEKS 3, 6, 9). \$550

All prices include taxes.

- We accept cheque, cash, or e-transfer. We do not take any credit or interac cards. Please make cheques payable to Webb's Holiday Acres
- Please do not scan and email forms. Original signed forms can be brought on arrival day.
- 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
- Cancellations or refunds with 4 or more weeks notice will be charged \$50.
- Cancellations or refunds with less than 4 weeks notice will be charged 50%.
- N.S.F. cheques will be charged \$50
- 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.

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.

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

- 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

Webb's Holiday Acres Health Policy

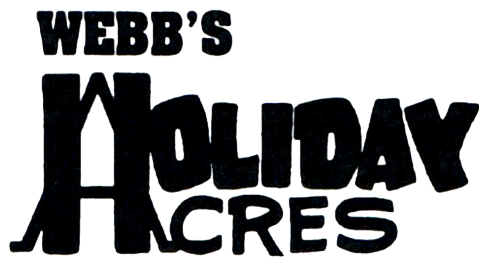
- For the health and safety of everyone, if you, your child or anyone in your household is experiencing ANY COLD OR FLU SYMPTOMS prior to camp arrival please call or e-mail us immediately. You can reserve a different week for your child or we will be given a FULL refund for the missed week this summer.

This page is for your reference only

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



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RESERVATION FORM

Camp Date:

Camper Information

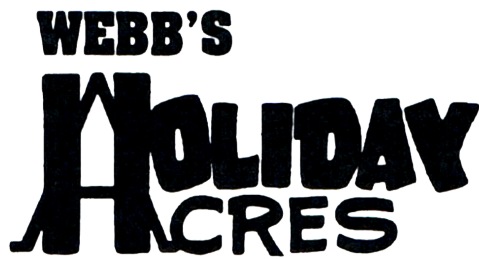
| | | | | |
|------------------|-------------------|------------------------|-----|-----|
| Last Name | Usual First Name | Birthdate (MM/DD/YYYY) | Age | Sex |
| Street Address | | City | | |
| Province / State | Postal / Zip Code | Home Phone | | |

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: | | |
| Non-Swimmer | ADD / ADHD | Eating Disorders |
| Homesickness | Diabetes | Seizures |
| Bed-wetting | Heart Problems | Asthma |
| Sleepwalking | Bleeding Disorder | F.A.S. |
| Please note any treatment of the above conditions. | | |
| Please Check if Camper Carries: | | |
| ANA Kit | Does Camper Know How To Use? | Additional Medical Concerns? |
| Epipen | Yes No | |
| Medical Alert Bracelet | Yes 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.) | Yes | No |
| Is your child up to date on immunizations including the Covid-19 vaccine? | Yes | 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.

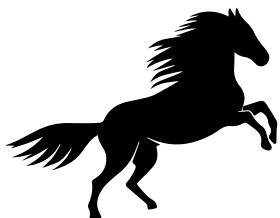
Signature of Parent/Guardian Date

Additional Information

| | | | |
|---|-----|----|---|
| Is this your first time camping at Webb's Holiday Acres? | Yes | 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.

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