



以愛為證 Dare to be a witness of love

Registration Form

Name: _____

Home Phone Number: (____) _____

Mobile Phone Number: (____) _____

E-mail Address: _____

Address: _____

Province/ State: _____ Postal/ Zip Code: _____

I have read the WCCCLC 2009 Privacy Policy (available on http://www.wccclc.net), and I consent to the collection, use and disclosure of my personal information in accordance with the Privacy Policy.

I have read and accept the WCCCLC 2009 Harassment Policy (available on http://www.wccclc.net).

Please check the appropriate box in each category.

Gender: Male Female

Employment Status: Student Working Adult

How many times have you been to WCCCLC? ____

Age: 17-18+ 19-24 25-30 31-34 35 and above

Are you a Catholic? Yes No

If "YES", which parish do you belong to?

Name: _____ City: _____

Language Preference (for group sharing):

Cantonese Mandarin English

T-Shirt Size: S M L XL

What kind of transportation would you prefer? Bus Carpool

If carpool, would you be the driver? No Yes

If "YES", how many seats will be available? _____

Special request: _____

We will try our best to accommodate your request

Must be 17 years of age by August 31, 2009

Are you interested in helping out in any of the following areas?

(You may choose more than one category)

Liturgical:

Reader Altar Server Usher

Others:

Photography Audio/ Video Production
First Aid House Parent

We publish the phone numbers and email addresses of the participants in the camp handbook to help members of the WCCCLC community get in touch with each other. Please check this box if you do NOT want your contact information to be included.

WCCCLC would like to update you with the latest events or activities in the community. Please check this box if you do NOT want to receive updates about WCCCLC.

*Please fill in the Medical Waiver form on the next page and return it with your registration and payment (cheque payable to "WCCCLC") to WCCCLC c/o Canadian Martyrs Catholic Church 5771 Granville Avenue, Richmond B.C., V7C 1E8 CANADA
Your space will only be guaranteed when the appropriate registration fee is received in FULL.
All campers of WCCCLC 2009 must be registered before the camp.

This information is collected and protected by the Western Canada Chinese Catholic Living Camp (WCCCLC) in accordance with the Personal Information Protection Act, and will only be used for WCCCLC purposes.

INTERNAL USE ONLY
Payment received: ___/___/ 2009
Cash: CAD USD
Cheque #: _____
Name of registration coordinator: _____
Date of registration: ___/___/ 2009

REGISTRATION FEE table with columns: Early-bird Rate, Regular Rate, Student, Working Adult, Flat Rate. Includes rates in CAD and USD and asterisked notes.