



INSCRIPTION FOR THE 5 -12 CONSECUTIVES DAYS



INFORMATIONS ON THE CHILD

NAME: _____
ADDRESS: _____
POSTAL CODE : _____
SEX: _____
DATE OF BIRTH : ____/____/____
DAY MONTH YEAR

FIRST NAME : _____
TELEPHONE: (____) _____
HEALTH INSURANCE NO : _____
EXPIRATION DATE ____ ____ ____
AGE AT THE TIME OF THE STAY ____
E-MAIL : _____

WILL IT BE YOUR CHILD'S FIRST YEAR AT OUR CAMP? YES NO

INFORMATIONS ON THE PARENTS

FATHER'S NAME : _____
TEL: (RESIDENCE) _____
TEL: (AT WORK) _____
OCCUPATION: _____
LEGAL GUARDIAN YES NO

MOTHER'S NAME : _____
TEL: (RESIDENCE) _____
TEL: (AT WORK) _____
OCCUPATION: _____
LEGAL GUARDIAN YES NO

RECEIP TO EMIT AT WHO'S NAME : _____

How did you notice our camp? _____

REFERENCES IN CASE OF EMERGENCY

(SPECIFY TWO PERSONS TO CONTACT IF IT IS IMPOSSIBLE TO REACH THE PARENTS)

NAME AND FIRST NAME	PARENTAL BOND	HOME TEL.	OFFICE TEL.
1. _____	_____	(____) _____	(____) _____
2. _____	_____	(____) _____	(____) _____

INFORMATIONS ON THE DOG (SEE THE SUPPLEMENTARY INSCRIPTION IN ANNEX)

STAY CHOICES

FIRST CHOICE	GROUP NUMBER	DATE:	FROM	TO
_____	_____	_____	_____	_____
SECOND CHOICE	GROUP NUMBER	DATE:	FROM	TO
_____	_____	_____	_____	_____

PAIEMENT'S INSTRUCTIONS

The inscription cost is payable at the inscription moment and is **NOT REIMBURSABLE** except in the case of a refusal from our part. The stay cost includes taxes and must be acquitted in full 3 weeks prior to the stay. The total cost includes lodging, the complete pension and guidance in the child's activities and the dog training.

Enclosed, my cheque as deposit for reservation, to order at: Natur-Ailes Canin Inc.

_____ \$
_____ \$

Enclosed, my post dated cheque for the stay cost in full:

By the present, I accept that Natur-Ailes Canin Inc uses pictures or films of my child and his dog taken during the stay, for publicity purposes. Moreover, I certify that the provided informations on the medical informations sheet on my child are exacts. I autorise Mrs. Carole Lesage to give ordinary medical care (medication and minor treatment) to my child and in case of emergency take necessary dispositions recommanded by a medical doctor. In this matter of fact I engage in defraying the applicated care expenses to my child, should such be the case.

RESPONSABLE PARENT SIGNATURE _____ DATE _____