TASTE Camp 2025 Registration Form

SECTION 1: Primary Contact

Full Name: _____

Email Address: _____

Phone Number: _____

Mailing Address: _____

Preferred Contact: ☐ Email ☐ Phone ☐ Text

SECTION 2: Camp Participants

Participant 1 Name: _____

Age Group: ☐ Child ☐ Youth ☐ Adult

Relationship to Primary Contact: _____

Dietary Restrictions: _____

Mobility/Accessibility Needs: _____

Participant 2 Name: _____

Age Group: ☐ Child ☐ Youth ☐ Adult

Relationship to Primary Contact: _____

Dietary Restrictions: _____

Mobility/Accessibility Needs: _____

Participant 3 Name: _____

Age Group: ☐ Child ☐ Youth ☐ Adult

Relationship to Primary Contact: _____

Dietary Restrictions: _____

Mobility/Accessibility Needs: _____

Participant 4 Name: _____

Age Group: ☐ Child ☐ Youth ☐ Adult

Relationship to Primary Contact: _____

Dietary Restrictions: _____

Mobility/Accessibility Needs: _____

Participant 5 Name: _____

Age Group: ☐ Child ☐ Youth ☐ Adult

Relationship to Primary Contact: _____

Dietary Restrictions: _____

Mobility/Accessibility Needs: _____

Participant 6 Name: _____

Age Group: ☐ Child ☐ Youth ☐ Adult

Relationship to Primary Contact: _____

Dietary Restrictions: _____

Mobility/Accessibility Needs: _____

SECTION 3: Accommodation Needs

Accommodation Type (check one):

☐ Bunk house ☐ Tent ☐ RV site ($25/night suggested) ☐ None

SECTION 4: Emergency Contact

Name: _____

Relationship: _____

Phone: _____

Alternate Phone: _____

SECTION 5: Additional Info

Photo/Video Consent (must select one):

☐ Yes, I consent
☐ No, I do not consent
☐ Contact me to discuss

Willing to volunteer? ☐ Yes ☐ No ☐ Maybe

Camp is free to attend. Suggested donation: $25/person or $75/family. RV site guests: $25/night suggested donation. To donate online, visit: https://www.canadahelps.org/s/j6HUCm

UPON COMPLETION OF THIS FORM PLEASE EMAIL TO: Benita Greenwood, dioath@telusplanet.net