

AFRICAN COMMUNITY SERVICES OF PEEL

10 GILLINGHAM DR, SUITE#308

BRAMPTON, ON. L6X 5A5

TELEPHONE: (905)460-9769

FAX: (905)460-9769

EMAIL: INFO@AFRICANCOMMUNITYSERVICES.COM



SUMMER CAMP APPLICATION

Name of Applicant: _____

Date: _____

Date of Birth: _____

Gender: Female Male Other

Name of Parent: _____

Phone Number: _____

Address: _____

Postal Code _____

Email : _____

City: _____

Emergency Contact (relationship to youth): _____

Phone Number: _____

Any Allergies/ Medical conditions: Yes No

If yes, please list:

Parent signature: _____

Date: _____

Youth Signature: _____

Date: _____