

AFRICAN COMMUNITY SERVICES OF PEEL

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MARCH BREAK 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: _____