



CG | **CHRISTIANGOVERNANCE**
A Worldview Compass

Canadian History / Ottawa Tour
for Christian- and Home-schooled Teens

Registration Form 2014

Available Dates:

Please put a check mark by the date for which you have obtained a verbal confirmation.

May 7-9 2014

May 14-16 2014

May 21-24 2014

May 28-30 2014

June 4-6 2014

June 11-13 2014

June 18-20th 2014

Call for availability in July and August

September 3-5 2014

September 10-12 2014

September 17-19 2014

September 24-26 2014

October 8-10 2014

October 15-17 2014

October 22-24 2014

Please complete and return, along with 50% deposit cheque, to:

ChristianGovernance

PO Box 7
Russell, ON
K4R 1C7

Should you have any questions, please do not hesitate to contact 1) your group leader or 2) Lynette at lynette@christiangovernance.com or at 613-518-7191.

Family Information (MUST be completed by ALL teens)

Parents' names: _____ (First and Surname)

Address: _____
 _____ (City/Province)
 _____ (Postal Code)

Phone numbers: _____ (Home) _____ (Emergency)
 _____ (Father's Cell) _____ (Mother's Cell)

E-mail contact: _____

Please include your HSLDA number (for insurance) and your OCHEC or ACPEC number.

HSLDA: _____ **OCHEC:** _____ **ACPEC:** _____

For Christian-School Teens

Name of School: _____

Principal's Name: _____

Accompanying Teachers Names: _____

Chaperone(s) Attending (Adult – age 19+)

First Name	Sex		Age	Relationship to Teen	\$105 ea. + \$50 add'l day)
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
TOTAL (Deposit of 50% is required upon registration. Balance due upon arrival.)					
Note: Cheques should be made payable to "ChristianGovernance" and should be mailed to ChristianGovernance, PO Box 7, Russell, ON, K4R 1C7". Enclose deposit with registration.					

Special Dietary Requirements (if any, i.e., allergies)

List:

Other Special Considerations/Comments (if any, i.e., extra day)

List:

Parent/Guardian/Chaperone Signature: _____

Date: _____

List of Teens Attending (High school – ages 13-18)

First Name	Sex	Birthdate <small>(19yy/mm/dd)</small>	Age	OHIP #	\$105 ea. <small>+ \$50 add'l day)</small>
1.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
2.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
3.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
4.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
5.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
6.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
7.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
8.	<input type="checkbox"/> Male <input type="checkbox"/> Female				
