



CG | **CHRISTIANGOVERNANCE**
A Worldview Compass

Canadian History / Ottawa Tour

for Christian- and Home-schooled Teens

Registration Form 2015

Available Dates:

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

May 6-8 2015

May 13-15 2015

May 20-22 2015

June 3-5 2015

June 10-12 2015

June 17-19 2015

Call for availability in July and August

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 613-894-9544

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. + \$50 add'l day) |
|-------------------|--|---|------------|---------------|--|
| 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 | | | | |
