

# St. Jude's Writing Camp 2010



Week One July 12 - 16

Week Two July 19 - 23

Camper's Name:		<input type="radio"/> Male	<input type="radio"/> Female
Birthdate: DD/MM/YYYY	Commonly Used Name:		
Last Year of School Completed:	Current School Attending:		

Parent/Guardian's Name:	
Street Address:	City:
	Postal Code:
Daytime Phone:	Mobile Phone:
E-Mail:	

Mother's Name:	Father's Name:
Daytime Phone:	Daytime Phone:
Mobile Phone:	Mobile Phone:
Other Phone:	Other Phone:

Emergency Contact:	Relationship:
Daytime Phone:	Mobile Phone:
Health Card #:	Allergies: <input type="radio"/> Yes <input type="radio"/> No If YES, please provide details on the back of this page.

Please complete this form and return it with payment to  
St. Jude's Academy, 6670 Campobello Rd, Mississauga, Ontario L5N 2L8  
Or fax to: 905.814.0299

In accordance with PIPEDA, your personal information will be used solely  
for communication purposes regarding St. Jude's Academy.