

2010 Camp Registration

June 4, 5, 6, 2010 at Arlington Beach Camp & Conference Centre

Support Group or Family Name: _____

Primary Contact Person: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Name First & Last	Age If child	Mobility w/c? please specify	Special Needs	Special Diet Needs	Other info:	Fee \$45/person OR \$180/ family*

* A family = a group of four people registering and rooming together

TOTAL : \$ _____

Return to: Saskatchewan Brain Injury Association, P.O. Box 3843, Regina, SK S4P 3Y3

Please send us as much information as possible regarding your needs.

Please Enclose your cheque.