



REVELRAMA

-----FRIDAY, APRIL 13th to SUNDAY, APRIL 15th, 2018 -----

Name: _____ IMis#: _____
 Address: _____ Postal Code: _____
 District: _____ I am a ... Spark Brownie
 Phone: Home: _____ Cell: _____
 Email: _____ Birthdate: _____ mm/dd/yy

GIRL APPLICATION

Guiding Information

Unit name	_____
District	_____

Camping Experiences

Camp	# Nights	Year	Tent or Resident

Are there any Health or Dietary concerns that we need to be aware of?

My Guider's name that I am traveling with is:

Who would you like to be with in your tent:

FOR REGISTRAR USE ONLY

Payment received		Cash	Cheque #	
Health Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Bring with them	

