



Centre d'Entrepreneurship du Restigouche Inc.
Restigouche Entrepreneurship Centre Inc.

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THE RESTIGOUCHE ENTREPRENEURSHIP CENTRE

INVITES YOU TO ITS BREAK INTO BUSINESS CAMP!

REGISTRATION FORM

DATE OF CAMPS : JUNE 24th to 28th, 2019 (Dalhousie - EN) JULY 8th to 12th, 2019 (Kedgwick- FR) JULY 15th to 19th, 2019 (Campbellton - FR)
 JULY 22nd to 26th, 2019 (Campbellton - EN) JULY 29th to AUGUST 2nd, 2019 (Campbellton - FR)

PARTICIPANT'S NAME: _____ AGE: _____

PARENT/GUARDIAN'S NAME: _____ PHONE NUMBER: _____

ADDRESS: _____

POSTAL CODE: _____ E-MAIL: _____

EMERGENCY CONTACT: _____ PHONE NUMBER: _____

MEDICARE #: _____ FAMILY DOCTOR'S NAME: _____

MEDICATIONS ALLERGIES IF SO, PLEASE SPECIFY: _____

COST: \$145 TAX INCLUDED (PARTICIPANTS MUST BRING THEIR OWN LUNCH ON MONDAY, TUESDAY, WEDNESDAY AND THURSDAY)

PAYMENT ENCLOSED: MONEY ORDER CASH E-TRANSFER

T-SHIRT SIZE (ADULT SIZES): SMALL MEDIUM LARGE EXTRA LARGE

LIABILITY RELEASE: AS A CONDITION OF MY CHILD'S PARTICIPATION IN THE BREAK INTO BUSINESS CAMP, I AGREE TO RELEASE THE RESTIGOUCHE ENTREPRENEURSHIP CENTRE., ITS EMPLOYEES AND ITS AGENTS FROM ANY AND ALL LIABILITY ASSOCIATED WITH ANY BODILY INJURY, PROPERTY DAMAGE, DEATH, OR LOSS OF ANY KIND THAT MAY RESULT DUE TO MY CHILD'S PARTICIPATION IN THE ACTIVITIES BEING HELD DURING THE BREAK INTO BUSINESS CAMP.

I ALSO ACCEPT THAT MY CHILD'S NAME AND ANY PHOTOGRAPHS TAKEN DURING THE CAMP BE USED IN THE FUTURE FOR VARIOUS PUBLICITY PURPOSES.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____