

**MOORECROFT CAMP**

1563 Stewart Road, Nanoose Bay, B.C. V9P 9E7  
Tel: 250 – 468-7511 / Fax: 250-468-1867  
Email: moorecroftoffice@shaw.ca [www.moorecroft.net](http://www.moorecroft.net)

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_ Gender: M / F  
Day/Month/Year

\_\_\_\_\_  
Street Address City Province Postal Code ( ) Home Tel #

\_\_\_\_\_  
Postal Address if different from street address Email: \_\_\_\_\_

**EMERGENCY CONTACT INFO:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Prov \_\_\_\_\_ Postal Code \_\_\_\_\_

Other phone # ( ) \_\_\_\_\_

**CHURCH INFORMATION:**

Home Church \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_

Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Tel # ( ) \_\_\_\_\_

Church Attendance:  Regular  Occasional  Seldom

**PLEASE INCLUDE THE FOLLOWING WITH YOUR REGISTRATION/APPLICATION FORM:**

- Medical Form
- Resume
- 2 Reference Forms (see page 4)
- Deposit of \$75.00

**Purpose:** Briefly describe why you want to attend the Moorecroft LIT program this summer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any leadership training you have received: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**L.I.T. Camp Fee: \$ 300.00** (includes 5% GST # 897063301)

**TEEN CAMP FEE** is reduced to \$ 160 (regular \$ 350) for L.I.T. campers who have completed the training program. Teen camp (for 15 – 18) runs August 30-September 3, 2010.  Yes, I want to attend Teen Camp 2010

**Payment: A \$75.00 non-refundable deposit is required to process your registration.** (Deposit will form part of the total fee) A receipt will be issued for the deposit. The Total fee **must** be paid two weeks prior to when your child is to attend camp.

**AMOUNT ENCLOSED:** \$ \_\_\_\_\_

Please record any post-dated cheques you enclose \$ \_\_\_\_\_ Date: \_\_\_\_\_.

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Funds are available on a first come first serve basis to provide **financial assistance to families** in need. Please contact the office

**The following questionnaire is voluntary:** In the interest of promoting Camp Moorecroft and establishing good communication within the community we would appreciate you taking the time to fill in the information below.

1. Are you/your child a United Church member? **Y/N** If so which congregation? \_\_\_\_\_.
2. Are you a member of the Moorecroft Camp Society? **Y/N**
3. How did you learn about Moorecroft: Family? **Y/N** Friend? **Y/N** Congregation? **Y/N**  
Past camper **Y/N** Ad/promotional event? **Y/N** If yes which publication/event? \_\_\_\_\_.

**Tax Benefit:** Camp fees qualify as childcare expenses for those caregivers who qualify for child care expenses under the tax act. Please retain your receipt in a safe place for use when preparing next year’s Income Tax Return.

**Refund & Cancellation Policy:** You may cancel your registration *however your request **MUST*** be received in writing at our office at least 3 weeks prior to the date your child will attend camp. Your payment minus the \$75.00 non-refundable deposit will be returned within one week. No refunds will be made after this time except for medical problems. Such a request must be accompanied by a written doctor’s certificate. Family emergencies will be considered on an individual basis.

**Transportation:** Transportation to and from camp is the family’s responsibility. We do **NOT** pick up or deliver to and from ferries buses or other means of transport. Please call the camp office for information about local transportation to and from Moorecroft.

**Release and Consent:** I do hereby release and discharge MOORECROFT CAMP SOCIETY and THE UNITED CHURCH OF CANADA of and from all actions, claims, demands, and suits howsoever arising, which I may hereafter have arising out of the attendance of \_\_\_\_\_ (my child) at MOORECROFT CAMP

In accordance with this application and I hereby indemnify and save them harmless for any damages arising out of such actions, claims, demands, or suits. In signing this Release, I acknowledge the element of risk involved in my child participating in activities carried out at MOORECROFT CAMP and declare that I am satisfied that all reasonable precautions will be taken by employees of MOORECROFT CAMP SOCIETY to minimize such risks.

This information is used only for the purpose of registering your child at camp and will not be used for any other purpose. All information will be kept strictly confidential as required by law.

**DATE:** \_\_\_\_\_ **SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

**Picture/Video Permission:**

I agree that pictures or video of my child, which are taken at camp, may be used for promotional purposes  
**YES, I AGREE**      **NO, I DO NOT AGREE.**      (Please circle your choice and sign below)

**Signature of Parent/Guardian** \_\_\_\_\_

**OUR MISSION**

*Moorecroft seeks to be inclusive of all in our mission to serve God, church, community; to promote spiritual growth and foster faith; to provide leadership, fellowship and a safe haven.*

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**SKILLS:**

For each skill, please indicate if you are:

1 = Qualified & Interested to Lead  
 2 = Qualified to Lead

3 = Able to assist and interested  
 4 = Able to assist

Activities	Water Activities	Drama/Music/Teaching	Arts & Crafts	Other
<input type="checkbox"/> Wilderness Survival Skills	<input type="checkbox"/> Life guarding (NLS)	<input type="checkbox"/> Bible discussions	<input type="checkbox"/> Crafty Crafts	<input type="checkbox"/> First Aid
<input type="checkbox"/> Wide Games (field sports)	<input type="checkbox"/> Swimming	<input type="checkbox"/> Drama/theatre sports	<input type="checkbox"/> Wood work	<input type="checkbox"/> Food Prep
<input type="checkbox"/> Nature Exploration	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Musical instrument instruction	<input type="checkbox"/> Painting	<input type="checkbox"/> Janitorial
<input type="checkbox"/> Spiderland	<input type="checkbox"/> Fishing	<input type="checkbox"/> Singing	<input type="checkbox"/> Tie Dyeing	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Basketball	<input type="checkbox"/> Snorkeling	<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Beach Exploration			
<input type="checkbox"/> Pellety				
<input type="checkbox"/> Hiking				
<input type="checkbox"/> Bouldering				
<input type="checkbox"/> Archery				

For each skill you are qualified to lead, please state how you are qualified and list the certificates. Attach a separate sheet, if necessary.

**REFERENCES:**

Please have our two reference forms completed by *non-family members* to complete your application process. We cannot process your application until we have received your references.

**Reference Contact Info:**

1. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone # \_\_\_\_\_

If accepted on staff:

I understand that Moorecroft requires a criminal record check to be done at my expense. Upon acceptance into the LIT program, I will promptly complete a Criminal Record Check at my local detachment.

I certify that the information given in this application is, to the best of my knowledge, correct and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_

Parent Guardian \_\_\_\_\_ Date \_\_\_\_\_, 20 \_\_\_\_  
 (signature)

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REFERENCE FORM

(References must be someone who know you well and is 20 years of age or older)

APPLICANT INFORMATION:

Name: Phone # ( )
Signature of Applicant Date, 20
Signature of Guardian Date, 20

REFERENCE INFORMATION (all information provided will be held in confidence):

Name: Organization Position
Address City Prov Postal Code
Tel ( ) Other phone ( ) Fax ( )
Email

Please provide the following information to the best of your knowledge and mail/fax to Moorecroft Camp at the above numbers as soon as possible:

- 1. Please describe how long you have known the applicant and in what capacity/relationship.
2. How well do you know the applicant?
3. Comment on the applicant's love for children and youth and their ability to relate to them.
4. Please summarize the applicant's past and/or current involvement in the church.
5. What strengths would this person bring to this position as an L.I.T.?
6. Please describe any limitations you are aware of that might restrict the applicant's participation and ministry in a camp setting.
7. What characteristics do you think this person needs further work or development?
8. Would you be pleased to have your own child in the care of this individual?
9. Would you recommend this person for an LIT position?
10. Please describe this person's overall reliability and leadership potential.

Signature of Reference Date, 20

Please call me about my reference