



FALL RETREATS 2016



Marriage Retreat - Sept. 9-11th
Cost - \$170/couple
Speaker: TBD

Retirees' Retreat Sept. 12-15th
Cost - \$99/person
Speaker: Bill McLean



Men's Retreat (19+) - Sept. 16 - 18th
Cost - \$99/person
Speaker: Dave Lawrence

Fall Blitz Sept. 25-27st
Cost - \$99/person
Speaker: TBD

For All Retreats...

Name(s):	Age:	Male or Female or Couple
Address:	City/Town:	Prov: P.C.
Birth Date(s):	Email:	
Home Phone:	Work Phone:	
Retreat Session:	Dates of Session:	

Update@ABK Newsletter: Please add my address to the ABK mailing list. YES: Regular Mail or E-Mail or No Thanks

For Fall Blitz

Parents Names:	Health Card Number:	
Emergency Contact (not parent):	Relationship:	Phone:

1. The applicant is in good health, and I grant permission for him/her to participate in all activities at Camp Aush-Bik-Koong.
 2. I authorize Camp Aush-Bik-Koong to provide medical attention to my child, if needed. I agree to accept financial responsibility for any medical expenses in excess of the benefits allowed by Provincial health and/or other insurance plans where: 1) the health and well-being of the applicant is involved; 2) The medical advice has been such that further service is required, services that require the consent of the parent(s)/guardian(s);
 3) Where all attempts have been made to contact the parent(s)/guardian(s) have failed, or where, due to the nature of the emergency, there is insufficient time to contact such parent(s)/guardian(s), it shall be at the discretion of the Camp Director as to what steps are taken for the welfare and safety of the applicant.

I have read, understood, and accepted the terms of enrollment as stated above. The information I have provided is true and accurate.

Parent/Guardian Signature:	Date:
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Mail completed Registration Form along with a \$50 non-refundable deposit:

Jan. 1-May 31/Sept 1-30: **624 McNabb St., Sault Ste. Marie, ON P6B 1Z4** June 1 – Aug. 31: **260 Sugar Lake Rd, Walford, ON P0P 2E0**