

## FEE INFORMATION SHEET – HANDI\*CAMP 2011



\$50.00	Non-refundable Application fee
\$450.00	Room and Board Fee
\$500.00	Camp Fee



**\* Applicable Taxes Included**

Step 1: Please send Application Fee of \$50. (non-refundable) to camp office with completed application form.

Step 2: Upon receiving the notice of acceptance of the camper (following the interview) we required the payment of the balance of the camper fee of \$450. (room & board).

**IMPORTANT NOTE:** Some camper received full or partial financial assistance to attend camping programs (such as Handi\*Camp) from various agencies (for example, Children Aid Society, Easter Seals or other sources. If your child has already received approval to receive such funds for this summer, we will gladly provide a written invoice to the appropriate agency or office. Please provide contact information on the return form (SECTION 2) below. Thank you.

Please complete both sections below. SECTION 1 is for YOUR records; detach and return SECTION 2 along with a cheque made out to **BCM International (Canada) Inc.** with designation for **Handi\*Camp Fee** when you send your application forms

**SECTION 1** (for YOUR records)

Enclosed is \$ 50.00 For my child's Application Fee  
 Enclosed is \$ \_\_\_\_\_ Towards my child 's Room and Board Fee  
 \$ \_\_\_\_\_ **Total enclosed**

I will send \$ \_\_\_\_\_ Room and Board Fee to your office before camp time  
 I will send \$ \_\_\_\_\_ Room and Board Fee to camp with my child.

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**SECTION 2** (*please return payment with this portion*)

Enclosed is \$ 50.00 For my child's Application Fee  
 Enclosed is \$ \_\_\_\_\_ Towards my child 's Room and Board Fee and Taxes  
 \$ \_\_\_\_\_ **Total enclosed**

I will send \$ \_\_\_\_\_ Room and Board Fee to your office before camp time  
 I will send \$ \_\_\_\_\_ Room and Board Fee to camp with my child.

Applicant's name: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of funding agency/office \_\_\_\_\_  
 Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ P.C. \_\_\_\_\_

Contact name (social worker, etc.) \_\_\_\_\_ Phone \_\_\_\_\_