



An Active Living Program of Easter Seals Nova Scotia



Camp Tidnish
3670 Kempt Rd
Halifax, NS B3K 4X8
tel 902 453 6000 x 227
fax 902 454 6121
camping@easterseals.ns.ca
www.easterseals.ns.ca

Leader in Training - 2017 Application

Name: _____ Date of Birth (D/M/Y): ____/____/____ Age: _____

Gender: Male Female Other Phone Number: (____) _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____

Guardian: 1) _____ Email: _____

Phone Number: (____) _____ Cell Number: (____) _____

Guardian: 2) _____ Email: _____

Phone Number: (____) _____ Cell Number: (____) _____

Education Grade completed by June: _____ Name of school presently attending: _____

List any previous camp experiences you have had: _____

What would you like to learn during your time in this program?

Do you have any allergies or dietary restrictions? NO YES

Are you healthy and able, to the best of you and your guardian's knowledge? YES NO

Will the applicant taking any medication while at camp? NO YES _____

Do you give permission for your child to attend field trips within the Maritime Provinces (NB, NS & PEI) with Camp Tidnish Staff? YES NO

Parent/Guardian Name: _____ **Signature:** _____

Participant Name: _____ **Signature:** _____

Payment Information

Program Fee **\$450** (All Inclusive Fee)

Required Deposit \$100 (Goes toward Fee)

All LIT fees are due by July 4th

Please send this application back to Camp Tidnish – Email, Fax, or Mail

Please make cheque/money order payable to:

EASTER SEALS NOVA SCOTIA
3670 Kempt Rd. Halifax, NS B3K 4X8

Phone: (902) 453- 6000 ext 227

Fax: (902) 454-6121

Email: camping@easterseals.ns.ca