



## **CAMP PONACKA ALUMNI ASSOCIATION**

NAME \_\_\_\_\_ HOME TEL: \_\_\_\_\_

ADDRESS & POSTAL CODE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

OCCUPATION \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

PONACKA CAMPER FROM \_\_\_\_\_ TO \_\_\_\_\_ JULY \_\_\_ AUGUST \_\_\_

PONACKA CIT/STAFF FROM \_\_\_\_\_ TO \_\_\_\_\_ BLACKFOOT \_\_\_ STONEY \_\_\_

NAME OF PARTNER \_\_\_\_\_

NAMES OF CHILDREN

1. \_\_\_\_\_ YEAR OF BIRTH \_\_\_\_\_

2. \_\_\_\_\_ YEAR OF BIRTH \_\_\_\_\_

PLEASE ADD MY NAME TO THE "SUNS OF SPHAIREE" MAILING LIST YES \_\_\_ NO \_\_\_

**PLEASE MAKE CHEQUE PAYABLE TO PONACKA ALUMNI ASSOCIATION**  
**\$25.00 + GST = \$26.50**