

## Solstice Recreation Group

## **Summer Outdoor Adventure Camps**

## Enrollment Form:

First Name:	Last Name			Age:
Address:	$\mathcal{V}$	_ City:		1-
Postal Code:	Contact P	hone Nu	mber:	_
E-mail	4	^		
Camp Dates:	<b>=</b> ()÷		$\leftarrow$	
Camp Location:				
<ul><li>Emergency First Aid Cer</li><li>Introduction to Rock Cli</li><li>Bella Coola River Rafting</li></ul>	mbing Co		belay cert	ification
Cost: \$575.00 per person	7			
Please make all payments out to Solstice Recreation Group				
How did you make your payment:	online sto	re	_ Cheque	Invoice
Thank you	RAT	91		
		10 100		

Ray Hawkes

Ray Hawkes
Director

Solstice Recreation Group PO Box 53 Quathiaski Cove BC V-P 1N0 250-218-1513 email: <a href="mailto:info@solsticerecreationgroup.com">info@solsticerecreationgroup.com</a> www.solsticerecreationgroup.com