



Please complete the 2024 Alathena Winter Camp Application Form and send to Alathena International Academy by email: [admissions@alathenaschool.com](mailto:admissions@alathenaschool.com).

### Applicant Information

Name:		Passport Number:	
Date of Birth (MM/DD/YY)		Phone:	
Gender:	Male      Female	Email:	

### Contact Information

Parent(s)/Guardian(s) Name(s)			
Address:			
City:		Province:	
Post Code:		Country	
Contact Number:		Email:	

### Camper's Medical Information (kept on site at all times)

Medical Conditions/Allergies			
Special Dietary	No	Yes	(please specify below)
Please specify in here:			

### Emergency Contact Information

Emergency Contact Name:		Emergency Contact Phone:	
Please select the type of camping	ESL TWO WEEKS	ESL THREE WEEKS	ESL FOUR WEEKS

### Camper Ski/Snowboarding Registration Information

Name:		Shoe Size:	
Weight: (Kg)		Height: (cm)	
Parent(s)/Guardian(s) Signature		Date (MM/DD/YY):	

*\*Refund policy:*

*No refund will be given if any cancellations due to any reasons except visa refusals, less the \$500 CAD administrative fee.*