



EDUCO
Adventure School

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educu@bcinternet.net www.educo.ca

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|---|--|
| FOR OFFICE USE ONLY | |
| Date received _____ | |
| Amount paid \$ _____ | Amount owing \$ _____ |
| Rental equipment _____ | |
| Database updated <input type="checkbox"/> | Invoiced <input type="checkbox"/> Acceptance sent <input type="checkbox"/> |

APPLICATION FORM-SUMMER STUDENT

YOUR PERSONAL INFORMATION IS NEVER GIVEN TO A THIRD PARTY UNLESS REQUIRED BY A MEDICAL EMERGENCY
Please make sure that all parts of this form (front and back) have been completed. Further instructions, including a personal equipment list, will be forwarded to you upon receipt of this application by the Educo office.

Name _____ F M

Address _____ City _____

Province/State _____ Postal/ZipCode _____ Phone # (____) _____

Email _____ Birthdate (DD/MM/YY) _____ Age _____

Course Name _____ Course Date _____ Cost _____

FEES: A deposit of \$200.00 is required with each application. The deposit is refundable up to four weeks prior to the commencement of the course. The remainder of the fee (including equipment rentals) must be at the Educo office at least **two weeks prior to the beginning of the course.**

STUDENT'S COMMITMENT

I agree to respect and follow the directions of the Educo staff with regard to safety and course participation. I understand that, if I am unwilling to participate to the best of my ability, it is unfair and unsafe for the other students and that I will be asked to leave the program. I am going to give the program my "Best Shot!"

Signature _____ Date _____

How did you hear of Educo? _____
Please list the name and date of most recently attended Educo course _____
If you are interested in carpooling to Educo please complete the following: give ride _____ get ride _____

IN CASE OF EMERGENCY:

(PLEASE COMPLETE ALL PARTS OF THIS SECTION-THIS IS CRITICAL INFORMATION)

CONTACT NAME: _____ PHONE #: _____

RELATIONSHIP: _____ ALTERNATIVE PHONE #: _____

ADDRESS: _____

STUDENT'S MEDICAL SERVICES PLAN #: _____

NAME OF DOCTOR: _____ DOCTOR'S PHONE #: _____

PLEASE COMPLETE THE MEDICAL FORM ON THE OTHER SIDE
Included in your registration you receive 2 years of Educo Newsletters, calendars and updates.