

Please print clearly and one application for each family.

<b>GUEST INFORMATION</b>	Group Leader Name (Must be 19 years or older)				# of People in Party	
	Mr./Mrs./Miss/Dr.					
	Group Leader Address					
	Apt. Street					
	City		Province	Postal Code		Country
	Home Phone		Email address		Cell Phone	
	Please list all the members of your party. Remember to include date of birth so that we can plan appropriately for your visit.					
	Name				Date of Birth	
	Name				Date of Birth	
	Name				Date of Birth	
Name				Date of Birth		
Name				Date of Birth		
Name				Date of Birth		
Have you or a member of your family ever attended Nomingue?						
Boys' Camp		Family Camp		What year(s)?		

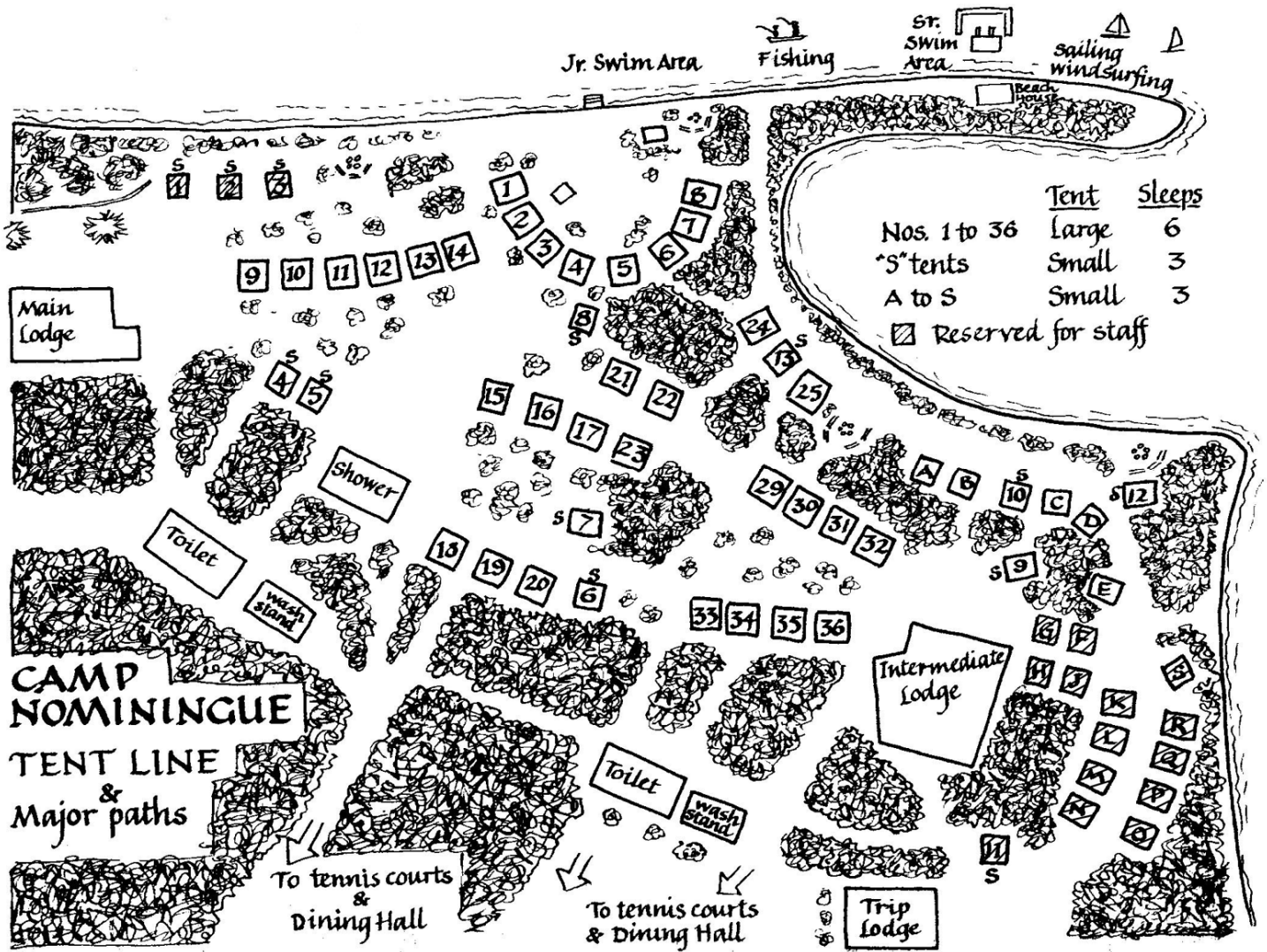
REGISTRATION <i>(Please circle arrival and departure dates &amp; refer to Rates page for complete fee information)</i>								
Sat. 18 <sup>th</sup>	Sun. 19 <sup>th</sup>	Mon. 20 <sup>th</sup>	Tue. 21 <sup>st</sup>	Wed. 22 <sup>nd</sup>	Thu. 23 <sup>rd</sup>	Fri. 24 <sup>th</sup>	Sat. 25 <sup>th</sup>	Sun 26 <sup>th</sup>

TENT RESERVATION <i>(Please see the reverse for tent locations.)</i>							
We will need the following number of tents for our group				Large:		Small:	
OPTION 1: Reserve Ahead of Time <i>(Please indicate preferences below)</i>							
Large Tent	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice	Small Tent	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice	3 <sup>rd</sup> Choice
OPTION 2: We will choose our tent(s) when we arrive at camp.							

<b>OTHER</b>	How did you hear about Camp Nomingue's Family Camp?					
	Friend/Relative	OCA/QCA	Internet	Alumni	Newspaper/Magazine Advertising (Specify)	Other (Specify)
	If you would like us to mail Family Camp information to your friends, please list names and addresses here:					
	Name	Address		City	Province	Postal Code
Name	Address		City	Province	Postal Code	

Please turn over...

# CAMP NOMINGUE TENT LINE MAP



<b>AUTHORIZATION</b>	<input type="checkbox"/>	I have read the "Family Camp Rates 2012" page and agree to all the conditions listed therein.
	<input type="checkbox"/>	Enclosed please find my cheque or credit card authorization form in the amount of <b>\$100.00 per camper (over 3 yrs. old)</b> to apply on camp fees. I agree to pay the balance of fees due on my departure.
Signature of Group Leader		Date

**Please send completed applications to:**

**Winter Address**

112, rue Lippée, Les Côteaux, QC J7X 1J4  
 (450) 267-2555 • Fax: (450) 267-2556  
 info@nominique.com

**Summer Address**

1889 ch. des Mesanges, Nominique, QC J0W 1R0  
 (819)278-3383 • Fax: (819)278-3107  
 info@nominique.com

Visit us on the web at [www.nominique.com](http://www.nominique.com)