



Camp Worthington Application Form

Group Name: _____

Contact name: _____

Contact Phone Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Arrival Date: _____ Departure Date: _____

Number of Personnel; Staff: _____ Youth/Cadets: _____

I have familiarized myself with the Camp Worthington Information package.

I fully understand and will abide by all camp regulations.

Camp Worthington Information Package is available on the following website:

<http://www.aircadetleague.ab.ca/documents/aircadetleague>

Signature: _____ Print Name: _____

Date: _____

To confirm bookings please fax or mail completed for to the Camp Worthington Director:

Mr. J Burt Gillings

Ph: 1-403-638-4819

P.O. Box 895

Fax: 1-403-638-4840

Sundre, Ab

Cell: 1-403-638-8430

T0M 1X0

E-mail: gilprod1@telus.net