

Camper Name: _____

Pioneer Pacific Camp Box 45113-4326 Dunbar ST, Vancouver, BC V6S 2M8 Office Tel: (604) 818-9762 Fax: 1-888-871-3851

e-mail: camp@pioneerpacific.ca

InterVarsity Staff Discount Application Form

These discounts are for immediate family members who are currently living at the same address. It does not apply to extended family members, but only family members living in the same household.

All full-time IVCF staff get a 100% discount for 2 weeks of camp per child.

	Last Name	First	Middle	
Camp applying for:		Camp date		
Parent(s) Name(s):				
Involvement with IV	CF (please circle)			
Father: Full Time	e / Part Time	BC / Can	ada / International	
IV Position or Occupation if not with IVCF				
Mother: Full Time	e / Part Time	BC / Car	nada / International	
IV Position or Occupation if not with IVCF				
NOTES:				
 Discounts apply to basic camp fees only, and do not apply to transportation or tuck. Part time staff receive the percentage of discount for which they are entitled, pro-rated to the percentage of time they work, unless IVCF is the only source of income. IV staff are encouraged to join our volunteer staff during the sessions when their children are at camp. There is a limit of 2 weeks of camp per child, per year. Specialty programs, such as LIT, will have up to two weeks discount applied to the program. I/we realize that discounts are subject to funds available and that they will be made in equitable fashion at the discretion of the Executive Director. I/we have read this application and agree to its terms. Parent(s) Signature(s)				
Please sub	mit your request, <u>alo</u> :	ng with the	campers application to:	
Please submit your request, along with the campers application to: Pioneer Pacific Camp Box 5-10, Thetis Island, BC VOR 2Y0 If you have any questions, please feel free to contact the office at (604) 818-9762 or 1-800-784-1415				
FOR OFFICE USE ONLY Discount \$: Date approved:	Appro	oved by:	