



# JP BICKELL OUTDOOR CENTRE



## Sponsorship

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

*Street Address*

*Apartment/Unit #*

*City*

*Prov.*

*Postal Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Enclosed please find a cheque/money order to sponsor \_\_\_ child(ren), in the amount of \$ \_\_\_\_\_.

or

Sponsorship amount of \$ \_\_\_\_\_.

Charitable Registration number 11880 8013 RR 0001 (A receipt for income tax purposes will be issued)

**Thank you for giving a child the opportunity to experience summer camp!**

*Please mail sponsorship payment to the following address:*

**Camp Bickell – Sponsorship**

**P.O. Box 974**

**Schumacher, Ontario**

**P0N1G0**