

## Permission to Visit Canada

This form is required of all campers who will be going to Canada. It will facilitate customs and immigration and fishing/camping licenses. Please complete and upload this form to your CampInTouch account. In addition, U.S. citizens must have a Passport/Passport Card OR a Birth Certificate (no photocopies) plus photo ID (school ID acceptable) as proof of identity when crossing the border. Passports must not expire during the camp session. Non-U.S. citizens may require additional border crossing documents/visas in addition to a Passport. Please consult Canada's immigration office for more information. If both parents/guardians are listed below, both MUST sign at the bottom.

### PARENT(S) / GUARDIAN(S) INFORMATION

<b>NAME OF PARENT/GUARDIAN (1):</b>	_____	_____	_____	_____
	Last	First	Initial	Birthplace (State/Country)
<b>NAME OF PARENT/GUARDIAN (2):</b>	_____	_____	_____	_____
	Last	First	Initial	Birthplace (State/Country)
<b>ADDRESS:</b>	_____			
	Street Address			
	_____	_____	_____	_____
	City		State	Country
<b>TELEPHONE:</b>	_____			
	Home	Work	Cell	
<b>EMAIL:</b>	_____			
	Email Address			

### CHILD'S INFORMATION

<b>CHILD'S NAME:</b>	_____	_____	_____	
	Last	First	Initial	
<b>DATE AND PLACE OF BIRTH:</b>	_____	_____	_____	_____
	MM/DD/YYYY	City	State	Country
(Check One)				
<b>PASSPORT INFORMATION:</b>	_____	_____	_____	_____
	Issuing Number	Issuing Country	Date of Issue (MM/DD/YYYY)	Expiration Date (MM/DD/YYYY)
<b>OR BIRTH CERTIFICATE INFORMATION:</b>	_____	_____	_____	Photo ID required with Birth Certificate (school ID acceptable)
	Number	Date of Issue (MM/DD/YYYY)	Issuing County/State	

### PERMISSION

As the parent(s) or legal guardian(s) of the above-named child, I/we give him our permission to enter Canada under the leadership of the staff members of Camp Chippewa for Boys during the travel dates below.

**TRAVEL DATES:** \_\_\_\_\_  
Dates of camp session attendance (MM/DD/YYYY – MM/DD/YYYY)

### SIGNATURE(S)

_____	_____	_____
Full Name of Parent/Guardian (1) giving consent	Signature	Date (MM/DD/YYYY)
_____	_____	_____
Full Name of Parent/Guardian (2) giving consent	Signature	Date (MM/DD/YYYY)

PLEASE UPLOAD THIS FORM TO YOUR CIT ACCOUNT BY APRIL 30.

### CAMP CHIPPEWA FOR BOYS

WINTER (SEP-MAY): 7359 NIAGARA LN N, MAPLE GROVE, MN 55311 | SUMMER (JUN-AUG): 22767 CAP ENDRES RD SE, CASS LAKE, MN 56633  
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