



# Camber College

Suite 204, 4750 Joyce Avenue  
Powell River, B.C. Canada V8A 3B6  
TEL: 604-485-5115 FAX: 604-485-5180

## REGISTRATION FORM

Student information	
First Name	
Family Name	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Age ( )
Birthday (M/D/Y)	
Nationality	
Address	
Postal Code	
TEL / FAX	
E-mail	
Visa Status	<input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Working Holiday
Emergency Contact	
Name / Relationship	
TEL / (Cell)	
E-mail	

Program information	
Name of Program	
Term (weeks)	
Start date (M/D/Y)	
End date (M/D/Y)	
Approximate level of English	

Transfer Support at Vancouver Airport <i>(Main terminal to South terminal)</i>	
<input type="checkbox"/> Yes (Service fee \$70)	<input type="checkbox"/> No
<i>*Pick-up Service at Powell River Airport is <b>FREE</b>.</i>	

Arrival Information	
Vancouver	
Airline / Flight #	/
Arrival date (M/D/Y) / Time	/
Powell River	
Airline / Flight #	Pacific Coastal /
Arrival date (M/D/Y) / Time	/

Accommodation Requests	
Homestay	
Check-in date (M/D/Y)	
Term (Months)	
Smoke	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No preference
Children	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No preference
Pets	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No preference
Homestay-mate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No preference
Allergies	
Medical problem	

Medical Insurance	
<i>(*All students are advised to obtain insurance for study at Camber College.)</i>	
Do you have a valid medical insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Insurance	
Do you want to purchase insurance from us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Start date of coverage (M/D/Y)	
Term (Months)	

Agent Information	
Agent	
Counselor Name	
TEL / FAX	
E-mail	

Please read and understand the policy, and then sign this form.

**Student signature:** \_\_\_\_\_

**Date (M/D/Y):** \_\_\_\_\_

(Parents or Guardian if under 19)

### OFFICE USE ONLY

- |                              |                                     |
|------------------------------|-------------------------------------|
| <input type="checkbox"/> IN  | <input type="checkbox"/> F/Schedule |
| <input type="checkbox"/> RC  | <input type="checkbox"/> F/Fare     |
| <input type="checkbox"/> LOA | <input type="checkbox"/> HS         |