



Southern Ontario Collegiate

www.mysoc.ca

The Canadian High School Awareness Program

SOC Summer Camp 2019 Application Form

Surname:		Given Names:	
Country:	Mother Tongue:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth (dd/mm/yyyy):			
Current Grade Attending:		Current School:	
Email:		Phone Number:	
Address:			
City:		Province/State:	Postal Code:
Select the Summer Camp Program that you would like to attend.			
<input type="checkbox"/> Go 2-Week Program		Date: July 1 – July 14	
<input type="checkbox"/> Go 3-Week Program		Date: July 1 – July 21	
<input type="checkbox"/> Go 4-Week Program		Date: July 1 – July 28	
Does the applicant have allergies or medication in use?			
Contact Parent/Agency:		Phone Number:	
Signature of Applicant:		Date:	
Signature of Parent/Guardian:		Date:	