



**Girl Guides of Canada – Guides du Canada
2010 National Trefoil Guild Gathering
“Celebrate our Roots”**

Delegate Information

- Theme:** Celebrate our Roots
- Purpose:** “Keeping the spirit alive” through friendship, sharing and learning while enjoying the British Columbia hospitality.
- Location:** Thompson Rivers University (TRU)
Kamloops, BC
- Dates:** June 23 – June 27, 2010
Registration begins at 12:00 noon on June 23
Gathering ends after lunch on June 27
- Application and Fee:** \$500.00
- The fee includes accommodation, meals (including banquet and snacks), most program sessions and most tour options. Please note: there may be an additional charge for some tour options.
- Your application form and deposit of \$250 is due to the provincial office by **September 15, 2009**.
- The remaining balance of \$250 is due to the provincial office by **January 15, 2010**.
- Individual cheques will not be accepted. The province will forward a combined payment for the total number of delegates. Please make your cheques payable to Girl Guides of Canada – Manitoba Council.
- Travel:** Travel is the delegate’s responsibility. Airport and bus shuttles will be available upon arrival in Kamloops and departure from TRU. Shuttle arrangements will be made after mode and times of arrival and departure are known.
- Cancellation:** If a delegate finds it necessary to cancel, she should advise her Provincial Trefoil Guild Adviser as soon as possible. A substitute from her home province may attend instead.
- There will be no refunds after February 28, 2010.**
- Note:** There will be no day delegates.
- The quota for Manitoba is 15 delegates.



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Application Form
Please print or type

Name: _____ **iMIS:** _____

Address: _____

Telephone: (_____) _____ - _____ **Other:** (_____) _____ - _____

E-mail: _____

Name of Guild: _____

Full name, address and phone number of two people to contact in case of emergency:

1. **Name:** _____

Address: _____

Telephone: (_____) _____ - _____ **Other:** (_____) _____ - _____

2. **Name:** _____

Address: _____

Telephone: (_____) _____ - _____ **Other:** (_____) _____ - _____

Please indicate any health related conditions of which those in charge should be aware:

GGC Personal Health forms (H2) are to be carried on person at all times.

All rooms are wheel chair accessible. Barrier free rooms are available for guests with physical limitations.

If you have any life threatening allergies, please list what they are (they should include latex, food and insect allergies):

Notes: Meals offer a variety of foods, and although allergies will be taken into consideration, it is not possible to cater to specific preferences.