



2025 Camp Stephens Family Camp

June 6 – June 8, 2025 • June 14 – 16, 2025

Admin Office: 3550 Portage Ave., Winnipeg MB R3K 0Z8 | Registrar: 204-831-3157 | ywinnipeg.ca/camp-stephens.ca

MSE Use only		
DATE	TIME	INITIAL

Family Camp Selection - \$250 per person (3 yrs and under free)

June 6 – 8, 2025*	<input type="checkbox"/>	Island Camp	*Canoe trips are not available on this date
June 14 – 16, 2025	<input type="checkbox"/>	Island Camp	<input type="checkbox"/> Canoe Trip (*5+ years of age)

Transportation

We will take the bus from Winnipeg to Kenora on the first day of camp: <input type="checkbox"/> YES <input type="checkbox"/> NO (own vehicle*)	We will take the bus from Kenora to Winnipeg on the last day of camp: <input type="checkbox"/> YES <input type="checkbox"/> NO (own vehicle*)
---------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------

* Weekend parking of camper's vehicle may be available at Y Winnipeg branch located at 3550 Portage Ave. as well as at the Kenora Harbourfront for an additional fee. Y Winnipeg and Camp Stephens are not responsible for any parking fees or for any loss or damage that may occur while the car is parked in either location.

Family Information (add additional pages if necessary)

Address: _____

City/Prov: _____ Postal Code: _____

Email Address: _____ Phone: _____

Note: all communication for Camp Stephens and registered campers is via email. Please ensure the email address provided is one that is checked often, and camp emails are not in your Junk or Spam folders.

Emergency Contact: (please print): _____ Phone: _____

Name (first, last): _____ Birthday (dd/mm/yy): (month / day / year)

Shirt size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Name (first, last): _____ Birthday (dd/mm/yy): (month / day / year)

Shirt size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Name (first, last): _____ Birthday (dd/mm/yy): (month / day / year)

Shirt size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Name (first, last): _____ Birthday (dd/mm/yy): (month / day / year)

Shirt size: Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Medical and or Dietary Information

Thank you! A Camp Registrar will contact you to confirm your registration and payment options.

SIGNATURE (S) _____ DATE: _____