

SBDC Haunted Halloween Party



REGISTRATION FORM October 26th, 2019

CHILD NAME:		DATE OF BIRTH:	AGE:
PARENTS NAME:			
HOME PHONE NUMBER:		WORK:	
CELL:			
CLLL.			
EMAIL: (PRIMARY)			
EMERGENCY CONTACT:			
conc.			
· · · · · · · · · · · · · · · · · · ·	nior Instructors and Assistant Teachers. Student or injury or loss of articles. Registration for this e		
	, disrespect, or unjust behavior by participants to		
	heir parent will be contacted to pick them up an		
	es the right to use photographs from this event o	n social media for entertainment	purposes, marketing, or
advertisement.			
PARENT SIGNATURE (Re	egistration not valid unless signed)		
PAYMENT INFORM	<u>ATION</u>		
			TOTAL
	Single Student Participation	\$20.00+gst	
	Double Student Participation	\$15.00+gst	
		TOTAL	