



Please complete this registration form and return. **PAYMENT IN FULL MUST ACCOMPANY THIS FORM TO SECURE REGISTRATION.** Payment may be in the form of cash, cheque, or credit card. Cheques payable to: **Confederation Centre of the Arts**

dfraser@confederationcentre.com
Confederation Centre of the Arts
145 Richmond St., Charlottetown
P.E.I. C1A 1J1 ATTN: Don Fraser

REGISTRATION COST: \$80 PER PERSON

NAME

MAILING ADDRESS

EMAIL ADDRESS

PRIMARY PHONE

ALTERNATE PHONE

NAME OF EMERGENCY CONTACT

EMERGENCY CONTACT NUMBER

METHOD OF PAYMENT:

cash cheque credit card

CREDIT CARD NUMBER

NAME ON CARD

EXP. DATE

CVV

MEDICAL CONDITIONS: Make note of any medical conditions.

I HEREBY STATE that I am physically fit to take part in all activities of the Confederation Singers, Confederation Centre's resident adult choir. Further, I do hereby waive, release, and forever discharge said organization and its staff from all claims for damages occurring, injury, or loss of personal property during my participation.

PLEASE BE ADVISED that all classes may be documented by photos and video. Photographs may be used for marketing and publicity purposes. **PRIVACY STATEMENT:** Confederation Centre is the sole owner of the information collected here and through our website. We will not sell or otherwise distribute this information to third parties.

NAME / SIGNATURE

DATE

Keep me up to date on promotions and new events at and around Confederation Centre.

FOR OFFICE USE ONLY:

TOTAL DUE:

COMMENTS:

REGISTRATION DATE:

AMOUNT PAID: