



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

COST: (check applicable box) Single member \$100 Additional family member \$75

PLEASE COMPLETE A SEPARATE FORM FOR EACH CHILD

CHILD'S NAME

CHILD'S DATE OF BIRTH (YYYY-MM-DD)

NAME OF SCHOOL

GRADE

NAME OF PARENT/GUARDIAN

EMAIL ADDRESS

MAILING ADDRESS

PRIMARY PHONE

ALTERNATE PHONE

ADDITIONAL EMERGENCY CONTACT (NAME)

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 GIVE CONSENT AND APPROVAL for the participation of the above mentioned child in the Confederation Centre Youth Chorus and certify that they are physically fit to take part in all activities. 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 their 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: