

Provincial Event Registration Form

Event Name:					
Event Date:					
Guider Attending Event:		iMIS #			
Unit Name and Branch Level (list	each unit separately)				
Area:					
Phone Number:	Email:				
Mailing Address:					
	Postal Code	:			
No. of Girls:	No. of Adults:				
(List amount of girls and adults in each	unit separately)				
Please supply us with the names and iM	IS numbers of girls and adults a	ttending event (please use an extra sh	eet if necessary).		
Girls Name	iMIS#	Girls Name	iMIS#		
					
					
Adult Name	iMIS#	Adult Name	iMIS#		

Event Fees Submitted:	@\$	=	= \$	
Method of Payment (Circle): Cheque	Money Order C	ash Visa o	MasterCard	
Credit Card # Expiry Date:				
Signature if using Credit Card:				_
	vithin one week (7	days) prioi		Over ancellations
Do you have girls attending who do N	IOT have consent	on their imaç	e release forms?YesN	О
If yes, please list their names:				_
Are there any food allergies we need Please provide any additional informa				s).
				_ _
We protect and respect your privacy. Yo provide or sell this information outside ou www.girlguides.mb.ca or call (204) 774-G	r organization. For fo			We do not
We may compile a list of participants for a Distribution of this list is restricted to parti			ommunicate with each other during or at	ter the event.
Do you wish to have your name, phone n	umber, email addres	s included on	the list of participants? (Please circle on	e)
Yes No				

April 2008