

Adult Name	iMIS #	Adult Name	iMIS #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Event Fees Submitted: _____ @ \$ _____ = \$ _____

Method of Payment (Circle): Cheque Money Order Cash Visa or MasterCard

Credit Card # _____ Expiry Date: _____

Signature if using Credit Card: _____

Over

Payment must accompany form for registration to be processed. There will be no refunds for cancellations within one week (7 days) prior to the event. A non-refundable 25% administration fee is included in the event fee.

Do you have girls attending who do **NOT** have consent on their image release forms? ____ Yes ____ No

If yes, please list their names: _____

Are there any food allergies we need to be aware of? ____ Yes ____ No (Please use bottom of page for details).

Please provide any additional information as required on the event description:

We protect and respect your privacy. Your personal information is used to communicate within our organization. We do not provide or sell this information outside our organization. For further information, see our privacy statement at www.girlguides.mb.ca or call (204) 774-GIRL (4475).

We may compile a list of participants for this event to allow participants to communicate with each other during or after the event. Distribution of this list is restricted to participants of this event.

Do you wish to have your name, phone number, email address included on the list of participants? (Please circle one)

Yes No