

REGISTRATION FORM



Participant Information

Last Name: _____ Given Name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ E-mail: _____

Grade Level: _____ Allergies/Disabilities: _____

Emergency Contact

Last Name: _____ Given Name: _____

Phone Number: _____ Work Number: _____

Program Choice

Program Name: _____

Program Date: _____ Age Group: _____

Program Time: _____ Program City: _____

Payment Methods

In person to Lee's Music, 103-1511 Sutherland Ave Kelowna BC V1T 5Y7

Tel: 250.712.0097 **Cell:** 250.215.4313 **Fax:** 250.712.9782

Or by mail to the address above with cheque attention to and payable to Contagious Leadership Training.

Confirmation of registration will be mailed. Registration processed on a first received, first served basis.
Limited seating available.

Payment made by: Cheque Cash Visa M/C Debit Card Amount: \$ _____

How did you hear about Contagious Leadership Training?

Radio TV Newspaper Friend School Other _____

It is a condition of participation in any program offered by Contagious Leadership Training, its agents, servants or employees, that the participant does so at his or her sole risk and that Trisha Miltimore and Contagious Leadership Training are not liable for any loss, damage, injury, or ambulance service resulting from or in connection with such participation.

Parent or Guardian Signature

Date

Print Name

Sponsored By

Lee's Music
the musician's choice.