

English Harbour Arts Centre **WORKSHOP REGISTRATION FORM FOR CHILDREN AND YOUTH**

PERSONAL INFORMATION

..... First Name	..... Last Name	..... Known As
..... Male/Female	..... Age	..... Date of Birth
..... Mailing Address	..... City	..... Province/State
..... Postal/Zip Code	..... Country	..... Email Address
..... Home Phone	..... Mobile Phone	..... Emergency Phone
..... Medical Conditions or Special Needs (Optional)		
..... Health Card #	..... Province	..... Expiry Date
..... Family Doctor:	..... Name / Town / Phone	
..... Other/Private Health Insurance:	..... Name/ Policy # / Phone	
..... Mother/Legal Guardian: Name	..... Workplace	..... Workplace Phone
..... Father/Legal Guardian: Name Workplace Workplace Phone

FOR VISITORS TO THE REGION: ACCOMMODATION

..... Town Room # Phone
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WORKSHOP

.....
Workshop Name

.....
Workshop Dates

.....
Workshop Fee

PAYMENT

.....
\$50.00 Reservation Fee Full Payment

.....
Cash Cheque Visa MasterCard

.....
Card Number

.....
Expiry Date

.....
Signature

► **Mother/Father/Legal Guardian Signature and Date**