



EVENT REGISTRATION FORM

Event name: _____

Event date: _____

Participating members names: 1. _____

2. _____

Participating guests names: 3. _____

4. _____

Telephone number: _____ Cell: _____

E-mail address: _____

Identify any food allergies (write "None" if none): _____

Food preferences (if available):

1: _____ 2: _____

3: _____ 4: _____

Transportation (where relevant):

___ First bus pick-up location

___ Second bus pick-up location

___ Will drive

Payment enclosed: \$ _____

I have read and do agree with the Waiver of Liability and Consent

Signed: _____

Please mail to: EACTN
P.O. Box 77054, RPO Highway 7
6579 Highway 7,
Markham, ON, L3P-0C8