**REGISTRATION FORM**

School or Organization:



Contact: Email address:

 

Location:

 

Phone: Ext. Fax:

Preferred method of payment:

 

Preferred method of contact:
 

Proposed Dates: 1st choice  2nd choice

|  |  |  |  |
| --- | --- | --- | --- |
| Time**(One hour intervals)** | Grade | **Number of Students** | Teacher  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Additional Comments or Special Requests: 

*Please allow at least 2 weeks for cancellations. Contact us if you have any questions or changes in the number of students that will be in attendance.*

Jamie Gervais

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