**Registration Form** (Please make sure fill in all categories marked with an \*):

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Participant Information | | | | | | | | | | |
| \*First name :  \*Last name: | | |  |  | Mr.  Mrs. | Miss  Ms. | \*Email: | | |
|  | | | | |  |  | \*Home/mobile phone no.: (     ) | | |
| \*Street address: | | | | | | | \*Would you rather we contact you via phone or email?  □ Phone □ Email | | | |
|  | | | | | | |  | | | |
|  | | | | | | |  | | | |
| P.O. box: | | \*City: | | | | | | \*Province: | \* Postal Code: | | |
|  | |  | | | | | |  |  | | |
| \*Academic program that you are currently registered in or have recently completed: | | | | | | | | | | | |
| \*Do you have any food allergies/restrictions? Yes □ No □  If yes, please specify your food allergies/ restrictions: | | | | | | | | | | | |
| \*Who should we contact in case of an emergency? | | | | | | | | | | | |
| \*Fee (Please pay by cheque or cash on the day of):  □ Registration before October 8th ($60.00)  □ Registration after October 8th ($65.00) | | | | | | | | | | | |