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

|  |  |
| --- | --- |
|  | 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)  |