

Grand Bend Youth Centre Registration Form



Contact Information

Child's Name: _____ DOB: _____

Street Address: _____

City: _____ Postal Code: _____

Medical Concerns/Allergies: _____

Home Phone: _____ Work Phone: _____

Parent/Guardian Name: _____

E-Mail: _____

Please indicate the dates you are registering for:

* - Trip days

- *Pre-registration is **required***
- *24-hours notice is **required** for cancellations otherwise you will be charged full cost*

9AM-4PM	Tuesday	Wednesday	Thursday
July 6-8			
" 13-15			
" 20-22			
" 27-29			*
Aug 3-5			
" 10-12			
" 17-19			

Payment:

- Cash
- Cheque

Total Paid: _____

If you require subsidized payments please speak with Jessie to create a plan that will work for everyone

In Case of Emergency:

Name: _____ Home Phone: _____ Work: _____

Name: _____ Home Phone: _____ Work: _____

By submitting this registration form, I affirm that the facts set forth in it are true and complete.

Name (printed) _____

Signature: _____ Date: _____

Grand Bend Youth Centre Mission Statement – "To promote and encourage youth in recreational programs within Lambton County while creating everlasting relationships with peers', volunteers' and staff."