



Girls Incorporated of Durham

2010 PA Day Programming Registration Form

Last Name: _____ First Name: _____ Age: _____

Please indicate any relevant medical information we need to be aware of. i.e. food allergies, medications, etc. _____

Health Card #: _____

Primary Contact

Last Name: _____ First Name: _____

Address: _____ City: _____ Postal: _____

Home phone # _____ Work # _____ Cell # _____

Email Address: _____

Emergency Contact Name: _____

Phone# _____

Date(s): _____

Location: _____

Member Non-Member Cost: \$20.00 member Cost: \$25.00 non-member

Payment Method: CASH CHEQUE VISA# _____

Name _____ Expiry date _____

I have provided Girls Incorporated of Durham with all necessary medical information and can be reached at the numbers listed. I acknowledge and accept the risk for any accidents or injuries arising by reason of participation in the program by myself or the person who is shown as the "participant".

Date _____ Signature of Parent/Guardian _____

