

Lindenlea Course Registration Form

Participant


First Name	Surname	Date of Birth (if child)
Address	City	Postal Code
Phone	Email	
Mother (if applicable)	Phone (H)	Phone (W)
Father (if applicable)	Phone (H)	Phone (W)
Health Concerns		

Program

	Activity (ies) Program / Workshop	Date(s) Session	Cost
1			
2			
3			
4			
Total			



Registration Information



LINDENLEA COMMUNITY ASSOCIATION
15 ROCKCLIFFE WAY
OTTAWA, ONTARIO
K1M 1A9

More Info?
Call
742-5011

CHEQUES PAYABLE TO LINDENLEA COMMUNITY ASSOCIATION

PLEASE KEEP YOUR RECEIPTS
There is a \$10 fee for issuing a duplicate receipt

Waiver: I agree to waive any claims on the Lindenlea Community Association or any of its agents or on the City of Ottawa or any of its agents in the event of injury that may be sustained by me or my child while attending or participating in any event or activity.

Signature of Parent or Guardian

Date

<u>Office Use Only</u>		
Amount: _____	Received By: _____	Receipt No: _____