

Lindenlea Course Registration Form

Participant

First Name	Surname	Date of Birth & Age
Address	City	Postal Code
Phone	Email	
Parent(s)	Phone (H)	Phone (W)
Emergency Contact	Phone (H)	Phone (W)
Health Concerns		

Program

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

Registration Information

MAIL TO



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

OR

IN PERSON Every
Tuesday Evening 6:00 – 8:30 pm

CHEQUES PAYABLE TO LINDENLEA COMMUNITY ASSOCIATION

More Info?
Call 742-5011
or go to
www.lindenlea.ca

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.

Acknowledgment: Although every effort is made to provide and maintain a congenial environment for your child, we reserve the right to withdraw any child from this class if the issue cannot be resolved to the satisfaction of the LCA.

Signature of Participant or Parent Date

Office Use Only		
Amount: _____	Received By: _____	Receipt No: _____