

Please print and complete. Mail or fax to:

Family Adventure Registration Date of registration: _____
 July 11-17, 2010 _____ Aug 15-21, 2010 _____

Name					
Address					
City		Prov/State		Postal code	
Phone #		Email			

Names of all participants:	Date of birth:	M / F:

How did you hear about Family Adventure? _____

A 25% non-refundable deposit is due at the time of registration. If paying by cheque, please make it payable to Strathcona Park Lodge.

Please accept my 25% deposit. I am paying by credit card: _____ VISA _____ MasterCard

Please debit my card number _____ Exp Date _____

Cardholder Name _____ Signature _____

