



Museum Registration Form For **ADULT** Workshops

Note: Each participant must have their own registration form!

Fax: 905-727-1282

Part A: Participant Information - Please print clearly

Participant's Last Name: _____

First Name: _____

Address: _____ Apt/ Unit #: _____

Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Email: _____

Part B: Emergency/ Medical Information

Emergency Contact Name/ relationship: _____

Emergency Contact Phone: _____

Family Doctor's Name: _____

Doctor's Phone Number: _____

Are there any medical information (i.e. food allergies) or special needs you would like us to know about?

Yes No

Is the condition life threatening if untreated?

Yes No

Part C: Program Selection

1st choice:

Workshop Name	Location	Day	Time	Fee
_____	_____	_____	_____	_____

2nd choice:

Workshop Name	Location	Day	Time	Fee
_____	_____	_____	_____	_____

Note: If program is full, participant will be wait listed. Submission of this form does not guarantee placement in a program. If you have not received confirmation one week prior to the start of the program, please call 905-727-8954 or 1-888-290-0337.

Part D: Payment Options (Museum members receive a 20% discount)

Check payment type:

- Cash
- Cheque (payable to the Whitchurch-Stouffville Museum)
- Master Card
- Visa

Card Number: _____

Expiry Date: _____

Amount to be charged \$ _____

Card Holder Name (please print): _____

Signature: _____

"I hereby release the Corporation of the Town of Whitchurch-Stouffville from all claims for damages arising from any accident or injury which are caused by or arise from participation to the applicants named above, during any program or in any facility or at any location."

"I hereby give permission to have staff arrange any emergency medical care including transportation if necessary. Where children are involved, attempts will be made to contact named parent, guardian or emergency contact first. The participant is responsible for his/her own medical coverage."

Signature

Personal information is collected pursuant to the Municipal Act and will only be used to process your application. The Town of Whitchurch-Stouffville reserves the right to use photographs of programs for promotional purposes.

Drop off or mail completed form and payment to:
The Whitchurch-Stouffville Museum, 14732 Woodbine Avenue, Gormley, Ontario, L0H 1G0

OR

Fax completed form and credit card payment information to 905-727-1282