**The Valley of the Mother of God** 953376 – 7<sup>th</sup> Line EHS, Mono, Ontario, L9W 2Z2 Tel: (519) 940-5678 Fax: (519) 940-5677



## **REGISTRATION FORM**

PLEASE complete one form per person to be signed by individual who is over 18 or by the parent/legal guardian for others.

| Date of Retreat/Conference<br>Church/School/Organization conducting the event   | Church attended   |                      |
|---|---|----------------------|
| Guest Name:   | Gender: M / F   |                      |
| Street Address:<br>City:  | Postal code:  | Province             |
| Home Phone:<br>Email:   | cell phone  |                      |
| Birth date:   |   |                      |
| PARENT INFORMATION (if participant is under 18):<br>Parent/Guardian 1: Parent/Guardian 2:   |   |                      |
| Home Phone:<br>Business Phone:<br>Cell Phone:<br>Email:   | Home Phone:<br>Business Phone:<br>Cell Phone:<br>Current Email: |                      |
| Guest Resides Primarily with: [] Both Parents []  | Parent1 [ ] Parent2   | [ ] Other [Specify]: |
| If anyone other than those authorized here will be picking up your child, we will require written/signed permission prior to departure  |   |                      |
| By signing this form, after reading the Valley' regulations, I accept the conditions of enrollment and cancellation policies of Valley. |   |                      |
| Individual/Parent/Guardian  | Signature Date  |                      |