

Visit Gardens of Quebec – July 15 to 18, 2012
Registration Form
Please complete a separate form for each person. Please Print

Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Tel. () _____ - _____ Licence Plate _____
(needed if leaving car at CEF)

Email: _____ Name of roommate: _____
(needed for hotel reservations)

Emergency Contact: _____ Tel: () _____ - _____ Relationship _____

F.C.E.F. Membership expiry date: _____ - *membership must be valid at time of trip for discounted price*

How did you hear about this bus trip? _____

Payment: Please make cheque payable to **Friends of the Farm**. Visa or Master Card accepted.
Based on double occupancy: **FCEF member price \$499. – Others: \$525. Singles' supplement: add \$205.**
Optional pay plan: \$200. Upon registration. + \$200. by March 31st, + balance due on May 15th.

Refund Policy: Full refund up to and on May 15, 2012. After May 15, 2012, if the seat can be filled by FCEF, a refund of trip cost less a 15% admin fee will be granted. If seat cannot be filled by FCEF, no refund will be issued. Participants may make arrangements themselves to transfer their seat on their own provided the roommate (if any) approves of the change. For full refund details, call 613-230-3276. Requests for cancellation and refunds must be received in writing and will be dated by the date received.

Mail registration form to: Friends of the Central Experimental Farm,
Building 72, Arboretum, Central Experimental Farm
Ottawa, Ont. K1A 0C6

Exclusion of Liability: I _____, in participating in the above bus trip do hereby release & forever discharge The Friends of the Central Experimental Farm, together with all of their directors, officers agents, & employees & their respective heirs, executors, administrators, successors & assigns the “Releasees” of & from any & all claims, manner of action, causes of action, suits, debts, duties, accounts, expenses, bonds, covenants, contracts, demands & other obligations whatsoever which I ever had, now have, or hereafter may, can or shall have against the “Releasees” for or by reason of any loss, damage or injury, cause, matter of thing whatsoever arising out of or relating to this Agreement & the bus trip of July 15 - 18, 2012.

Authorization: I have familiarized myself with the above Conditions of Participation; I understand them & I agree with them.

Participant: _____ Date: _____

Questions 613-230-3276 Monday to Thursday 9:00 a.m. to 3:00 p.m. or by email at info@friendsofthefarm.ca
www.friendsofthefarm.ca

Charitable Number 118913565RR0001