

Upper Canada Playhouse & Dinner – March 28, 2012

Registration Form

Please complete a separate form for each person. Please Print

Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Tel. # () _____ - _____

Email: _____ LicencePlate _____
(Needed if leaving car at the C.E.F.)

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

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

How did you hear about the bus trip?

Payment: Please make cheques payable to **Friends of the Farm**. Visa and Master Card are accepted.

F.C.E.F. Member Price: \$90.00

Others: \$95.00

Refund Policy: Full refund up to and on January 31, 2012. After January 31, 2012, if the seat can be filled by FCEF, a refund of trip cost less a 15% admin fee will be granted. If seat can not be filled by FCEF, no refund will be issued. Participants may make arrangements themselves to transfer their seat on their own. 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, Her Majesty the Queen, 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 on March 28, 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