



2017 Holiday Skills Camp

Participant Name: _____

Participant Age: _____

Participant T-Shirt Size (Youth L or Adult M): _____

Participant 9-Digit MB Health Number: _____

Parent(s) or Guardian(s) Name: _____

Parent(s) or Guardian(s) Phone Number: _____

Parent(s) or Guardian(s) Email: _____

Camp Date: Please mark an X by the one you want to register for

Saturday December 9th - 5:30pm-8:30pm _____

Sunday, December 10th - 3:00pm-6:00pm _____

Registration Cost - \$75

Method of Payment: (debit and cash payments can be made in person at the Goldeyes box office)

Visa Mastercard Amex

Card Number: _____

Expiry Date: _____ CVC: _____