

garage band LIVE

Questions? 780-410-8566

Family Contact Information					
Last name		First name		Initial	
Evening phone number		Daytime phone number		E-mail (required for "Forgot my PIN" option)	
Street address (new customers or change in address only)		City		Province	Postal code
Family Medical Information Specify any medical, special needs or if an Epipen is required.					
Name		Need			
Name		Need			
Emergency Contact Information					
Name (if different from above)		Phone number			
Registration					
Registrant - Last name		First name		Birth date if under 18 yrs. (M/D/Y)	<input type="checkbox"/> male <input type="checkbox"/> female
Course number		Course time		Fee \$ _____	
Registration Information					
What instrument are you registering to play?					
Do you play another instrument? (If no = N/A)					
Do you play acoustic or electric guitar?					
How long have you played? Years and/or months?					
Do you sing?					
What style of music do you feel most comfortable playing?					
Give examples of bands/artists you like to listen to.					
Are you registering with another participant?					
What is the name of the other participant? (If no = N/A)					
List alternate email address and phone (If no = N/A)					

 To confirm your registration; go to Click-it at www.strathcona.ca/recreation, visit or phone one of our facilities.

Collection and use of personal information

Personal information is being collected under the authority of the *Municipal Government Act* (MGA) and the *Freedom of Information and Protection of Privacy Act* (FOIP) and is managed in accordance with the provisions of FOIP. This information will be used to coordinate program registrations and to notify you of program cancellations. It will also be used for the promotion of new programs or activities so that we can provide you with good customer service. If you have any questions about the collection and use of your personal information, contact the Manager, Central Services, Recreation, Parks and Culture, Strathcona County at 780-467-2211.

Payment information – for fax or drop off only - The information below is collected and will only be used to make the authorized credit card payment for this approved one time amount. The information will only be copied, distributed or otherwise disclosed with prior approval. This information will be processed and then immediately destroyed.

REC 27161-C

<input type="checkbox"/> Receipt required		Total payment submitted \$
Paying by: <input type="checkbox"/> Cheque <input type="checkbox"/> AMEX <input type="checkbox"/> Master Card <input type="checkbox"/> Visa (Postdated cheques are not accepted)		Card holder name
Card number	Expiry date	Signature