Sheet1

Workshop Registration Form

Name:	
Partner's Name:	
Obilella Nama	
Child's Name:	
Date of Birth:	
Child's Name:	
Date of Birth:	
Child's Name:	
Date of Birth:	
Child's Name:	
Date of Birth:	
Address:	
Phone Number:	
Email Address:	
Workshops Registering for:	1
	2
	2 3 4
	4

Payments can be made via email transfer to tsuceska@hotmail.com please email the security answer with your reg form once payment is sent. You can also mail a cheque with your registration form to:

Tara Suceska 29 Bush Clover Cres. Kitchener N2E 3P9