

## DramaWay's Registration Form for Returning Participants 2015:

Please RE-REGISTER as a returning participant:

1) Update Participant's Basic and Emergency Contact Information:

First Name:	Last Name:	Age:
Home Phone: ()	; Primary Email:	
Emergency Contact Name:	; Relations	hip to Participant:;
Contact's Cell Phone: (	_); Contact's	Email:
Primary Address:	; Doe	s Participant Live Independently? Y/N
City:	; Province:	; Postal Code:
Any Medical or Safety Con	nsiderations?	
* Please keep us informed	of any significant medical	or transitional changes through year
*	<b>Y</b> • • • • • • • • • • • • • • • • • • •	st year's registration form: Yes / No participant registration form
3) Review and Indicate P	articipant's Program Choic	ces: (See reverse of page)
DramaWay Devotee: S Program 1 Cost: Program 2 Cost: Program 3 Cost: Optional Donation: Subtotal: Applicable Discount(s):	\$; \$; \$; \$;	er for 3 programs or more!
TOTAL:	\$	
5) Indicate if you Require *Receipts will be emailed of *Receipts will be emailed of *Rece	• .	dress indicted above.
<ul> <li>Please note that full pay payments are only accep</li> </ul>	II fee by e-transfer ment is accepted in cash, e ted if sending three postd nust be received before Se	; full cheque; 3 postdated cheque e-transfer or cheque; Installment ated cheques upfront eptember 21 <sup>st</sup> , 2015 and postdated as

Please MAIL this completed form to 11 Emmett Ave. Toronto, Ontario, M6M 2E3