

Summerfest 2009 Registration Form

Date: _____

Names: _____

Address: _____

Postal Code: _____ Telephone: _____

of tents: _____ #of Occupants: adults _____ children under 12 _____

or: trailer size _____ or RV size _____

specify of Nights staying: _____

Check one of the following where do you prefer to setup your campsite?

Adult section _____ or Family section _____ no preference _____

Estimated time of Arrival to campsite: _____

Email address: _____

Do you have any health conditions or allergies that we should be aware of in the event of an emergency: _____

***Be sure to bring your Alberta Health Care card

Payment by : Cash

Cheque (payable to the Covenant of Gaia Church of Alberta)