



A NIGHT AT THEMUSEUM Registration 2018

BROWNIES **GUIDES**

Organizer Full Name _____ Organizer Email _____
Unit Name _____ Phone # _____
Address _____ City _____ Province _____ Postal Code _____

NUMBER OF PARTICIPANTS

Please indicate the number of campers for each group (The ratio of adults to children in Brownies and Guides is one adult to eight children)

Brownies/Guides # _____
Adult # _____
Total Children @ \$50^{+HST} \$ _____
Total Adults @ \$20^{+HST} \$ _____
Total \$ _____

A deposit of 50% (\$ _____) must be paid upon registration.

Remainder to be paid evening of event.

Admin Fee of \$5 is applicable if registering less than 14 days prior to sleepover date.

Method of Payment (payment must be made at time of registration)

Mastercard Visa Debit Cash

Credit Card Number _____ Expiry Date _____

Name On Credit Card _____

Organizer Signature _____ Date _____

If you have any special needs, health or allergy concerns, please list them here