



# A Night at THEMUSEUM: Family Edition Registration 2019

**Please Note: All participants (parents & children) must each complete a separate THEMUSEUM Sleepover Waiver Form to attend the event**

For Administration Purposes

Paid

Confirmed

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Email** \_\_\_\_\_ **Group Name/Family Name** \_\_\_\_\_  
**Phone** \_\_\_\_\_ **Cell** \_\_\_\_\_  
**Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

### Number of Participants

Please indicate the number of attendees.

	<b>Non-Members:</b>	<b>Members and/or Groups ≥ 10:</b>
<b>Children</b> _____	<b>Total Children # x \$60<sup>+HST</sup></b> _____	<b>Total Children # x \$55<sup>+HST</sup></b> _____
<b>Adults</b> _____	<b>Total Adults # x \$35<sup>+HST</sup></b> _____	<b>Total Adults # x \$30<sup>+HST</sup></b> _____
<b>Member # (if applicable)</b> _____	<b>Total =</b> _____	<b>Total =</b> _____
	<b>Total ÷ 2 (registration deposit)</b> _____	<b>Total ÷ 2 (registration deposit)</b> _____
	<b>TOTAL</b> _____	

*This 50% deposit will be paid upon registration. Remainder to be paid evening of the event.*

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

Mastercard     Visa     Debit     Cash

**Credit Card Number** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Name On Credit Card** \_\_\_\_\_

### Notes

**Save and send this form, along with the separate THEMUSEUM Sleepover Waiver Forms to [Info@THEMUSEUM.ca](mailto:Info@THEMUSEUM.ca)**

# IDEAS TRANSCENDING OBJECTS

10 King Street West, Kitchener, ON, N2G 1A3 | 519 749 9387 | [Info@THEMUSEUM.ca](mailto:Info@THEMUSEUM.ca) | [THEMUSEUM.ca](http://THEMUSEUM.ca)