

ELISEO '17

FAMILY RETREAT

REGISTER NOW!

LAST DAY TO SIGN UP IS:
August 18th

Registration Form:

FULL NAME AGE GENDER M F

ADDRESS PHONE

CITY EMAIL ADDRESS

Family members joining you:

FULL NAME	AGE	GENDER	ANY FOOD ALLERGIES?
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="radio"/> M <input type="radio"/> F	<input type="text"/>

TRANSPORTATION

• **11 and older:** \$20 # of persons \$ **4 and younger:** FREE

• **5 to 10 years:** \$10 # of persons \$ # of persons

COST OF EVENT AND PAYMENT

		TOTAL
• 13 and older: \$165 # de persons	<input type="text"/>	\$ <input type="text"/>
• 5 to 12 years: \$83 # de persons	<input type="text"/>	\$ <input type="text"/>
• 4 and younger: FREE # de persons	<input type="text"/>	\$ <input type="text"/>

METHOD OF PAYMENT

Cash (Drop-up/Pick-up)

E-Transfer

YOUR TOTAL \$

CONSENT

I _____ give my son/daughter permission to participate in ELISEO 2016 and authorize _____ that will care for him/her.

Signature _____ Date _____



For more information:
www.proyecto-eliseo.webs.com
(204) 298-1102 / (204) 995-7097