

REGISTRATION FORM

The Society for Young Magicians (Manitoba)

S.Y.M. Assembly No. 46 - "The Dean Gunnarson Assembly"

Location: Virtual Meetings

Sponsors: Carey Lauder (Tel. 204-772-8837) and Dan Wiebe

e-mail: leader@symmanitoba.com

www.symmanitoba.com

APPLICANT'S INFO

Date _____

Name _____
LAST NAME FIRST NAME INITIAL

Address _____

City _____ Province _____ Postal Code _____

Telephone _____ Email _____

Age _____ Birthdate _____ Year _____

Requested User Name (for website access) _____

MINI WANDS
7 to 9 years
12:30 to 1:30 pm

TOP HATS
10 to 17 years
2:00 to 3:00 pm

PARENT'S INFO

Name _____
LAST NAME FIRST NAME INITIAL

Telephone _____ Cell _____ Email _____

Name _____
LAST NAME FIRST NAME INITIAL

Telephone _____ Cell _____ Email _____

In case of emergency contact: _____ Tel. _____
_____ Tel. _____

OTHER INFO

Is there any medical or behavioural condition that we should be aware of? Yes No

Is there any special pick-up restrictions? _____

You will receive an automated email when this registration is recorded.

A parental consent form will be emailed to the parent's email address.

Registration is complete when:

- i) payment is processed and
- ii) the online consent form is submitted