

Akuni Adventures Program Registration

Contact Information		
Name:		
Street:		
City:	Prov:	Postal Code:
Home Phone Number:		Work Phone Number:
Email Address (most of our communication is via email):		
Emergency Contact:		Relationship:
Emergency Contact phone number:		
Program Information		
Program Registering for:		
Program Date(s):		
Please tell us if you have any food restrictions, allergies, disabilities, injuries, or important medical information we should know for your safety:		
Payment		
Program Price: _____		
GST: (5%) _____		
Total: _____		
Deposit (50%) _____ (Full fee due 30 days before program begins)		
I will pay by: <input type="checkbox"/> Cheque - Please mail this application with payment.		
<input type="checkbox"/> Credit Card - Please fill out details below.		
Credit Card Payment		
<input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> AMEX		
Credit Card Number: (for your security do not email credit card information, faxing this form is the safest option)		
Expiry Date:		
Name on card:		
Signature:		Date:
I have read and agree to the booking <u>terms and conditions</u> and general information as outlined on the Akuni Adventure web site web site or brochure:		
Signature:		Date:
During your program we may be taking pictures. Do you agree to have your picture on a brochure, web site or other publications? <input type="checkbox"/> Yes <input type="checkbox"/> No, Please Initial: _____		

Fax to:
416-410-7240

Mail to:
Akuni Adventures
1210-3266 Yonge Street
Toronto, Ontario
M4N 3P6 (note: we pickup mail once a week. Please tell us if you are mailing this form)

Participants will be required to sign a waiver before taking part in any Akuni Adventure program. Participants under 18 years old will require a parent or guardian to sign the waiver. Contact office for a copy of the waiver.