

## REGISTRATION FORM

Name:

Address:

Phone Number:

Email Address:

Emergency Contact:

Course Registering for:

Dates:

Amount of Payment (can be e-transferred to erickson@netidea.com or mail a cheque):

Please fill out this form and either:

- Email it to us at erickson@netidea.com
- Print it and send it along with your payment, liability form and questionnaire to:

Karuna & Paul Erickson  
2702 hwy 31  
Queensbay, BC Canada  
V1L 7E8

Thank you!