

REGISTRATION FORM

Name:

Address:

Phone Number:

Email Address:

Emergency Contact:

Course Registering for:

Dates:

Amount of Payment:

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
RR#3 S37 C8
Nelson, BC Canada
V1L 5P6

Thank you!