



CAMP STARTING DATE: _____				
Registrant's Surname:	First Name:	Boy/Girl	Age	Birth Date (YY/MM/DD)
Street Address		City	Post Code	
Parents/Legal Guardians: Name(s)				
Address (if different than above)		City	Post Code	
Phone (H)	(W)	(Cell)	email:	
Emergency Contact Name:		(H)	(W)	(Cell)
List any allergies:				
AB Health Care # (Optional)				
Signature:		Print:	Date:	
<p>Note: Our camp schedules are subject to change. All camps require a minimum # of registrants. If we do not have the minimum registrants, we will provide the option to cancel or switch to another week. Cancellations are accepted up to one month prior to the start of the camp. Payment is required in full with this completed registration form. Accepted payment options are by cash debit, cheque or credit cards. Cheques should be made payable to: ChromaColour International Limited</p>				
 CHROMACOLOUR <small>INTERNATIONAL LIMITED</small> #5, 1410-28 Street NE Calgary, AB Canada T2A 7W6 Ph. 403-250-5880 info@chromacolour.com Fax. 403-250-7194 Map available at chromacolour.com & click on creative art centre				