



A division of Lunatic Adventures Inc.

250 The East Mall, Suite 1691, Toronto, Ontario, M9B 6L3 • 1-866-415-LUNA • [www.lunaticadventures.com](http://www.lunaticadventures.com)

## REGISTRATION FORM

Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_  
(If applicable)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_ Phone Number (night): \_\_\_\_\_

Email Address: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

Total Number of Participants Registering: Children Under 12 \_\_\_\_\_ Adults \_\_\_\_\_

Additional Participant(s):

Name (first, last)	Phone Number (day)	Phone Number (night)	Email Address
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Preferred Date (mm/dd/yy): \_\_\_\_\_ Preferred Time: \_\_\_\_\_

Payment Type:  Cash  Cheque  Visa Amount Paid: \_\_\_\_\_

By signing below I agree to have read and agree to the **TERMS and CONDITIONS** as outlined on this page, brochure, fax, letter and agree to disclose all information as required on the attached **MEDICAL FORM**, and understand that in order to participate in any course, clinic, or trip offered by *Lunatic Adventures Inc.*, I will be required to sign a **WAIVER FORM**.

Signature of Participant/Organizer: \_\_\_\_\_ Date Signed (mm/dd/yy): \_\_\_\_\_