



Lunatic Adventures Inc.

250 The East Mall, Suite 1691, Toronto, Ontario, M9B 6L3 • 1-866-415-LUNA • www.lunaticadventures.com

REGISTRATION FORM

Group/Organization(s): _____
(Give your group a recognizable name for quick reference later. e.g.: the rascals, _____ Public School)

Participant/Organizer Last Name: _____

Participant/Organizer First Name: _____

Male Female Age: _____

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	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Package Type: Canoe Hike Backpack Snowshoe Winter Camp Workshop

Trip Location: _____ Trip Length: _____

Preferred Date (mm/dd/yy) & Time: _____

Payment Type: Cash Cheque Visa Amount Paid: _____
(50% total deposit, or full payment if less than 14 days before departure)

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): _____