



presents

Medieval Madness



2017 Dates Tues. April 18 Wed. April 19 Tues. May 2 Wed. May 3

School Name _____ Phone _____ Fax _____

School Address _____ City _____ Postal Code _____

Contacts Teacher 1 _____ 2 _____

Teacher 1 Email _____

Teacher 2 Email _____

No refunds after Tuesday, April 4th, 2017

Number of students attending: _____ X \$12.00 per student = Total Fee \$ _____

Methods of Payment

Cheque (payable to: **GYMC**) VISA Mastercard Cash

Name on Credit Card _____ Received by _____

Card # _____ Expiry _____ / 20 _____ Date Received: _____

Card Holders Signature _____

Liability/Permission Waiver

In case of injury or accident of any kind at the Guelph Youth Music Centre (GYMC) Outreach Program: _____, neither the GYMC, nor any employee nor volunteer at the GYMC, will be held liable for that occurrence except at the negligence of the GYMC, its employees or volunteers.

I hereby release the GYMC, its employees or volunteers from all claims or damage which may arise out of any loss or personal injury to any participants in this program from my school.

I hereby give the GYMC permission to use any photographs/videos taken of my students in this program in future promotional activities.

School Name

Signature of Contact Person

Date

Guelph Youth Music Centre

75 Cardigan St, Guelph, ON N1H 3Z7 Phone 519-837-1119 Fax 519-837-1121 Email schoolprogramsforgymc@gmail.com