



presents..... *Medieval Madness*



2018 Dates:    Tues. April 17     Wed. April 18                       Tues. May 1     Wed. May 2

School Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Contacts Teacher 1: \_\_\_\_\_ 2: \_\_\_\_\_

Teacher 1 Email: \_\_\_\_\_

Teacher 2 Email: \_\_\_\_\_

**No refunds after Tuesday, April 3<sup>rd</sup>, 2018**

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

**4 Methods of Payment**

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

Name on Credit Card: \_\_\_\_\_ Received by: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_ / 20 \_\_\_\_ Date Received: \_\_\_\_\_

Card Holders Signature \_\_\_\_\_

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**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 theGYMC permission to use any photographs/videos taken of my students in this program in future promotional activities.

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School Name

Signature of Contact Person

Date

**GUELPH YOUTH MUSIC CENTRE**  
**75 Cardigan Street, Guelph, ON N1H 3Z7 T: 519-837-1119 F: 519-837-1121**  
Email: [schoolprogramsforgymc@gmail.com](mailto:schoolprogramsforgymc@gmail.com)