GUELPH YOUTH MUSIC CENTRE

presents.....*Medieval Madness*

2019 Dates: Tues. April 16☐ Wed. April 17☐ Tues. April 30☐ Wed. May 1☐

School Name: _____ Telephone: _____ Fax: _____

School Address: _____ City: _____Postal Code: _____

Contacts Teacher 1: _____ 2_____

Teacher 1 Email:_____

Teacher 2 Email: _____

No refunds after Tuesday, April 2nd, 2019

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 _____

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
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Email: schoolprograms@teksavvy.com