

Wabi Brook Studio
Registration Form

Name: _____

Address: _____

Email: _____ Age: _____ OHIP: _____

Phone: (H/W) _____ (Cell) _____

Important Allergy/Medical Information: _____

Emergency Contact Person: _____

Phone: _____

Briefly list previous experience and areas of interest:

Registering for: Art on the Farm Daycamp Extreme Art Daycamp Lessons

Deposit Enclosed: \$ _____

* Remember to sign and attach your waiver!

Balance Paid: _____

Waiver Signed: _____