

**Registration Form**  
(please fill out one per person)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Prov. & Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Registering for:  
 Full  
 Monday evening (local - no fee)  
 Tuesday (local)  
 Wednesday (local)  
 Thursday (local)  
 Friday morning (local - no fee)  
Arriving by (circle): Car Air Bus  
If by air: Airline: \_\_\_\_\_ Flt # \_\_\_\_\_  
Air/Bus arrival time & location: \_\_\_\_\_  
Do you need transport to St. John's College from airport or bus station?  
 Yes  No  
If yes, pickup location: \_\_\_\_\_  
Special dietary or mobility needs: \_\_\_\_\_  
Payment Enclosed

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