



Island Investigators REGISTRATION FORM

(Please Print)

Name: _____
Last First Middle

Date of Birth: _____ Age: _____

Street Address: _____

Guardian (Name): _____ Relationship _____

Phone: (H) _____ (W) _____ (Fax) _____

Email: _____

Doctor: _____

Phone: _____ Fax: _____

Allergies _____

Emergency Name: _____

Contact Telephone No: _____
(person other than Guardian)

PAYMENT RECORD

Cost can be paid in instalments over the 11 weeks

ITEM	COST (Per School Year)
Club Registration	\$50
TOTAL	

Make cheques payable to: Friends of the Environment

Card # Exp date

Signature