SCCA 2005 CONVENTION

REGISTRATION FORM

For One or Two Persons (Family)

GUEST INFORMATION Please Print Clearly

Name ……..……..

Address ……..……..

City …….. Prov./State …… P.C./Zip ……..

Telephone …….. Email Address ……..

(for Name Tags)

First Name .....…..... Last Name: .....…..... Honours. ……

First Name .....…..... Last Name: .....…..... Honours. ……

Do you expect to attend the **Convention** at the Festival Theatre on the Afternoon of Friday, September 23rd?
NO [ ] Yes [ ] if Yes, 1 or 2? [ ]

Do you expect to attend the **Convention** at the Festival Theatre on the Evening of Friday, September 23rd?
NO [ ] Yes [ ] if Yes, 1 or 2? [ ]

Do you expect to attend the **Convention** at the Festival Theatre during the Day of Saturday, September 24th?
NO [ ] Yes [ ] if Yes, 1 or 2? [ ]

Do you expect to attend the **CIAFF Presentation** at the Festival Theatre on the Evening of Saturday, September 24th?
NO [ ] Yes [ ] if Yes, 1 or 2? [ ]

Do you expect to attend the **Convention** at the Festival Theatre on the Morning of Sunday, September 25th?
NO [ ] Yes [ ] if Yes, 1 or 2? [ ]

Do you expect to attend the **Buffet Supper** at Port Stanley Wharf Restaurant ($25.94 incl. Tax & Tip)
on Saturday, September 24th? NO [ ] Yes [ ] if Yes, 1 or 2? [ ]

Do you expect to board the **Port Stanley Terminal Railway** ($11.00, www.pstr.on.ca)
on the afternoon of Sunday, September 25th? NO [ ] Yes [ ] if Yes, 1 or 2? [ ]

REGISTRATION FEE (Buffet and Port Stanley Terminal Railway Trip to be paid on site.)

Registration for All or Part of Convention **$30 Canadian per person $.....…**

Minus $5 for SCCA Member -$…….. $ ……..

$50 Canadian per Couple $……..

Minus $10 for SCCA Family Members -$…….. $ ……..

Please return this application form with payment to:

Payment accepted in Canadian funds only.
Personal or company cheque (Canada only.)
International Money Order (outside of Canada.)
(Please make cheques payable to SCCA)

CAROLYN BRIGGS
3 Wardrope Avenue South
Stoney Creek, Ontario, L8G 1R9
CANADA

VISA [ ] MC [ ] # .....…..…….....…..... Exp ..…….....

Name as it appears on Card .....……..……..... *Signature* .....…….....