

INFORMATION (PLEASE PRINT)

SURNAME _____		FIRST NAME _____		<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE
ADDRESS _____		CITY _____	POSTAL CODE _____		
PRIMARY PHONE _____	EMERGENCY CONTACT # _____	EMAIL _____			
LANGUAGE SPOKEN AT HOME _____	2ND LANGUAGE _____				
CHILD'S NAME _____	AGE _____	SCHOOL _____			
CHILD'S NAME _____	AGE _____	SCHOOL _____			

PROGRAM

Dates attending _____

CONSENT

By signing below, I commit to all four workshops and I give my permission to be photographed or videotaped in The Story Garden for the purpose of sharing our programs with others in print, on our website or through social media. I also acknowledge that material presented in this seminar is copyrighted and may not be reproduced.

PRINT NAME _____

SIGNATURE _____

DATE _____

WORKSHOP #	DATE COMPLETED
1	
2	
3	
4	

read with **LOVE**... read for **LIFE**

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